PX Data Collection Service Request Form

Please complete one form per crystal sample and e-mail as attachment to P.Rizkallah@dl.ac.uk

**Delete where appropriate*

Customer Details *Name(s):* *Institution(s):* *Telephone Number(s):* *E-mail Address(es):* *Fax Number(s):* *Beamtime Award Number:*	***Level of Service Required**** *Screening* *Data Collection* *Data Processing*
Data Collection *Wavelength(s) required* *Format: Oxford Cryo/Hampton** *Length of Pin + Loop (mm):* ***Please supply a blank loop and pin of the same dimensions***	***Sample Delivery*** *Shipped in Dewar/Left in SBL Dewar** *Expected Delivery Date:* *Sample Labelling:*
Sample Information *Protein Name:* *Symmetry (Space Group):* *Cell Dimensions:* *Crystal Size:* Resolution/ Exposure time on a Rotating Anode (if known): Resolution Expected: Resolution Acceptable: No. of Crystals of this Type:	***Safety Information*** *Biological Hazards:* *Chemical Hazards:* ***Please supply any containment protocols***
Any Other Relevant Information	