

**Short Proposal Form  
Biology**

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| **Proposal information** | | | | | | | | | | | | |
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| **Proposal type** | | Select... | | | | | | | | | | |
|  | | *For more information regarding the different proposal types, visit:* [*https://lcls.slac.stanford.edu/proposals/modes-of-access*](https://lcls.slac.stanford.edu/proposals/modes-of-access) | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Descriptive experiment title** | | |  | | | | | | | | | |
|  | | | This title *will be made public* if you are awarded beamtime. Maximum of 150 characters. | | | | | | | | | |
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| **Is this experiment related to one or more LCLS proposals that have been previously submitted or accepted?** | | | | | | | |  | | | | |
| Select... | | | | |
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| → If previously accepted, list experiment number(s): | | | | | | | |  | | | | |
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| **Spokesperson** | | | | | | | | | | | | |
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|  | | | |  |  | | | |  |  | | |
| Name | | | | | Institute | | | | | E-mail address | | |
|  | | | | | | | | | | | | |
| **Experimental team** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 1 |  | | | | |  |  | | | |  | Select... |
|  | Name | | | | | | Institute | | | | | Main experimental role |
|  |  | | | | | | | | | | | |
|  | Description of relevant previous experience (e.g., data collection at a synchrotron) | | | | | | | | | | | |
| 2 |  | | | | |  |  | | | |  | Select... |
|  | Name | | | | | | Institute | | | | | Main experimental role |
|  |  | | | | | | | | | | | |
|  | Relevant previous experience | | | | | | | | | | | |
| 3 |  | | | | |  |  | | | |  | Select... |
|  | Name | | | | | | Institute | | | | | Main experimental role |
|  |  | | | | | | | | | | | |
|  | Relevant previous experience | | | | | | | | | | | |
| 4 |  | | | | |  |  | | | |  | Select... |
|  | Name | | | | | | Institute | | | | | Main experimental role |
|  |  | | | | | | | | | | | |
|  | Relevant previous experience | | | | | | | | | | | |
| 5 |  | | | | |  |  | | | |  | Select... |
|  | Name | | | | | | Institute | | | | | Main experimental role |
|  |  | | | | | | | | | | | |
|  | Relevant previous experience | | | | | | | | | | | |
| 6 |  | | | | |  |  | | | |  | Select... |
|  | Name | | | | | | Institute | | | | | Main experimental role |
|  |  | | | | | | | | | | | |
|  | Relevant previous experience | | | | | | | | | | | |
| 7 |  | | | | |  |  | | | |  | Select... |
|  | Name | | | | | | Institute | | | | | Main experimental role |
|  |  | | | | | | | | | | | |
|  | Relevant previous experience | | | | | | | | | | | |
| 8 |  | | | | |  |  | | | |  | Select... |
|  | Name | | | | | | Institute | | | | | Main experimental role |
|  |  | | | | | | | | | | | |
|  | Relevant previous experience | | | | | | | | | | | |
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|  | The experimental team has more than 8 team members. | | | | | | | | | | | |
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|  | We need help from LCLS staff for data analysis. | | | | | | | | | | | |

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| **Scientific case** | | | | | | | | | | | | |
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| **Briefly explain the background and significance of your proposed experiment** | | | | | | | | | | | | |
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|  | | | | | | | | | | | | |
| *Avoid broad discussion. Maximum of 2500 characters (including references, if applicable).* | | | | | | | | | | | | |
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| **Specific aims and questions to be answered** | | | | | | | | | | | | |
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| Maximum of 500 characters. | | | | | | | | | | | | |
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| **Why is LCLS required for this experiment? Why now?** | | | | | | | | | | | | |
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| Maximum of 500 characters. | | | | | | | | | | | | |
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| **Supportive figure and caption (optional)** | | | | | | | | | | | | |
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| Maximum of 450 characters. | |
| **Experimental details** | | | | | | | | | | | | |
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| **Photo of crystals** (for X-ray crystallography) | |  | | | | | | |  |  | | |
|  | | | | | | | | | | | | |
| **Sample name** | |  | | | | | | |  |  | | |
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| **Sample volume** | |  | | | | | | |  |  | | |
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| **Concentration** (for SAXS/WAXS) | |  | | | | | | |  |  | | |
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|  | | | | | | | | | | | | |
| **Crystal size** | |  | | | | | | |  |  | | |
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| **Comment (optional)** | |  | | | | | | |  |  | | |
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|  | We will provide more than 2 samples. Sample names: | | | | | | |  | | | | |
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| **Anticipated data rates** | | |  | | | | | | | | | |
|  | | | E.g., “40’000 diffraction patterns per 6”. Indicate N/A if unknown or not applicable. | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Have the samples been tested at other X-ray light sources (e.g., synchrotron or XFEL)?** | | | | | | | | | | | | Select... |
|  | | | | | | | | | | | | |
| → If previously tested, briefly summarize the results: | | | | | | |  | | | | | |
|  | | | | | | | E.g., resolution or sample delivery performance. | | | | | |
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| **Preferred instrument** | | | Select... | | | | | | | | | |
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| → Instrument comments: | | |  | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Preferred sample delivery method** | | | | | Select... | | | | | | | |
|  | | | | | | | | | | | | |
| → Alternative or custom sample delivery method: | | | | | |  | | | | | | |
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| **Sample environment requirements** | | | | |  | | | | | | | |
|  | | | | | E.g., helium atmosphere, humidity, temperature, or pressure requirements. | | | | | | | |
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| **Do you plan on bringing equipment to LCLS?** | | | | | | Select... | | | | | | |
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| → If so, describe the equipment: | | | |  | | | | | | | | |
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| **Comments** | | | | | | | | | | | | |
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