

**Short Proposal Form
Biology**

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| --- |
| **Proposal information** |
|  |
| **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. |
|  |
| **Is this experiment related to one or more LCLS proposals that have been previously submitted or accepted?** |  |
|  | Select... |
|  |
| → If previously accepted, list experiment number(s): |   |
|  |
| **Spokesperson** |
|  |
|   |  |   |  |   |
| 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 |
|  |
|[ ]  The experimental team has more than 8 team members. |
|  |
|[ ]  We need help from LCLS staff for data analysis.  |

|  |
| --- |
| **Scientific case** |
|  |
| **Briefly explain the background and significance of your proposed experiment** |
|  |
|                          |
| *Avoid broad discussion. Maximum of 2500 characters (including references, if applicable).* |
|  |
| **Specific aims and questions to be answered** |
|  |
|       |
| Maximum of 500 characters. |
|  |
| **Why is LCLS required for this experiment? Why now?** |
|  |
|       |
| Maximum of 500 characters. |
|  |
| **Supportive figure and caption (optional)** |
|  |
|  |                 |
|  | Maximum of 450 characters. |
| **Experimental details** |
|  |
| **Photo of crystals** (for X-ray crystallography) |  |  |  |
|  |
| **Sample name** |   |  |   |
|  |
| **Sample volume** |   |  |   |
|  |
| **Concentration**(for SAXS/WAXS) |  |  |  |
|  |   |  |   |
|  |
| **Crystal size** |   |  |   |
|  |
| **Comment (optional)** |   |  |   |
|  |
|[ ]  We will provide more than 2 samples. Sample names: |   |
|  |
| **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. |
|  |
| **Preferred instrument** | Select... |
|  |
| → Instrument comments: |   |
|  |
| **Preferred sample delivery method** | Select... |
|  |
| → Alternative or custom sample delivery method: |   |
|  |
| **Sample environment requirements** |    |
|  | E.g., helium atmosphere, humidity, temperature, or pressure requirements. |
|  |
| **Do you plan on bringing equipment to LCLS?** | Select... |
|  |
| → If so, describe the equipment: |   |
|  |
| **Comments** |
|  |
|       |