

APPLICATION FOR SCHEDULING BEAMTIME AT GSI UNILAC

To apply for beam time for radiobiology experiments this form must be completed and returned to GSI Biophysics not later than 4 weeks before the experiment. For electronically file management per email to m.scholz@gsi.de and per FAX with signature to M. Scholz - FAX 0049-6159-71-2106.

Dear User(s):

In order to schedule and organize your experiment at GSI you need to complete the following questionnaire. Missing information may result in denial of the run.

- Please note that regulations at GSI allow **only biosafety level S1** experiments.
- All persons entering the GSI labs must comply with **yearly updated GSI biosafety instructions** (certified by signature) in addition to the general GSI safety procedures. Activities with cytostatica require special safety instructions.
- All persons entering our labs require a **lab coat**, which have to be brought with to GSI.
- To avoid any cross-contaminations, anyone who is bringing a cell culture to GSI must have it **certified "mycoplasma free"** (by PCR or ELISA) no more than one month prior to the run. The testing must be done by a certified lab (e.g. DSMZ (www.dsmz.de)). In house tests are not accepted. Certificate for Mycoplasma-free conditions have to be stated in German or English, date stamped, and with readable signature.
- **Consumables** have to be **provided by the user**. Applications of hazardous chemicals have to be announced and material safety data sheet (**MSDS**) has to be **attached** if needed.
- **Only a limited amount of ice is available.** Please take account of this especially if higher amounts of ice e.g. for transport is needed. In addition the space in our fridges and freezers (-80/-20° C) is limited.
- Radiobiological experiments involving the use of **radioactive materials are not allowed** at GSI.
- For all material transported to and from GSI **European transportation regulations** have to be respected.

We wish to attend the following beam time at the **SIS** (only one beam request per form)

1. General Information

1.1 Principal investigator			
Proposal number			
Preferred time (can not be guaranteed!)		We are not able to run on	
Contact email address		Contact cell phone No. (day of experiment)	

1.2 Exposure

Ion species		Energies	
Number of samples		Number of sterile magazines	
Fluence range		to	
			particles/cm ²

1.3 Experiment (Short description of the experiment)

1.4 Participants

Persons, who will participate in the experiment at GSI (Name and date of last general laboratory and biological safety instruction **at GSI**)

	Name	Date		Name	Date
1.			5.		
2.			6.		
3.			7.		
4.			8.		

2. GSI-Equipment needed

Please indicate the approximate time interval.

2.1 Laminar Flow Box			
Number of laminar flow boxes at the day of experiment			
Time interval - hours before exposure		- hours after exposure	

Further need for laminar flow box			
Days before the experiment		Time interval (hours)	
Days after the experiment		Time interval (hours)	
* ¹ abbreviations: days before exp. = -1, -2, -3 (-1 equates to 1 day before experiment) days after exp. = +1, +2, +3, ...(+1 equates to the day after experiment)			

2.2 Incubator for Cell Culture			
No. of trays* ²		Percentage CO ₂	
* ² one tray corresponds to an area of 45x45cm, height 13cm			
Time interval: days before exposure		days after exposure	

2.3 Refrigerator (Time interval, indicate number of flasks, 500 ml bottles etc.)			
Please notice the limited space in fridges/freezers! Only a limited amount of ice is available. Please take account of this esp. if higher amounts of ice e.g. for transport is needed.			
Time interval (days)		Ice needed (~ 2 l/group)	
No. of 500 ml bottles/flasks			

2.4 Cell Counter	Yes	No	No. of samples	
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2.5 Fume hood	Yes	No	Time interval	
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3. Chemicals, Gases and other Equipment supplied by the Investigator

We will use hazardous chemicals

Yes

No

If yes, please fill the following table and enclose material safety data sheet (MSDS) for each hazardous substance, name the chemicals and list according to the hazard classification:

3.1 Chemicals	X _n	X _i	T	T+	C	F/F ⁺	O	E	MSD-Sheet	
	Harmful	Irritant	Toxic	Very Toxic	Corrosive	Highly/Extremely Flammable	Oxidizing	Explosive	enclosed	already handed over
1.										
2.										
3.										
4.										

We will bring equipment/gases

Yes

No

If yes, please list them below. For gases and possibly dangerous equipment, instructions have to be brought specifying possible hazard or danger, personal protective clothing, and safety measurements in case of accidents and fire.

3.2 Technical equipment (centrifuges or similar) appr. space needed	
3.3 Gases	

4. Biological Objects (Specification of the biological objects used for the experiment)

Please use a separate form for every species! All items of the questionnaire must be completed!

4.1 Nucleic acid		Yes	No
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Name		Specification	
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4.2 Bacteria		Yes	No
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Name		Recombinant organism	Yes* ²	No
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*² Please ask for and fill in the separate form for genetically modified organism.

4.3 Human peripheral blood		Yes	No
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Donor	Healthy* ³	Patient
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*³ You have to enclose a certificate from an independent laboratory written in German or English with readable signature and date proving the serological absence of HIV, HCV and HBV.

Confirmed absence of HIV, HBV, HCV		Certificate enclosed	
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4.4 Established and commercially available cell line*⁴		Yes	No
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Catalogue name	
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Culture collection information sheet / Relevant publications	enclosed already handed out
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Characteristics	Wild type	Mutant	Recombinant organism* ²
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Tissue of origin	Normal	Tumour
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*² Please ask for and fill in the separate form for genetically modified organism. Please note that experiments with virus-transformed cells are not permitted.

*⁴ The absence of mycoplasma in cell cultures has to be proven by an adequate test by an independent lab (Certificate written in German or English with readable date and signature).

Confirmed absence of mycoplasma		Certificate enclosed	
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