



**Advanced Photon Source
Beam Time Access System**

Blank General User Proposal Form - Macromolecular Crystallography

Displayed after MX question checked on General screen

(as of 15 December 2014; form subject to change without notice)

GUP-42353

General User Program: gu_program@aps.anl.gov, 630-252-9090
 Technical assistance: mis_mgrs@aps.anl.gov

*Proposal Title:

TEST

This GUP copied from:

Shifts Recommended by PRP:	N/A	Shifts Allocated by BAC or Scheduled by Beamline in current cycle	(0)	Shifts Used to date:	(0)	Shifts Remaining:	N/A
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- Do you want this proposal to be considered for project status? Yes No
- Does this proposal require [mail-in service](#) where the [beamline collects the data](#) (either 11-BM or 31-ID)? Yes No
- *Is this proposal for rapid-access powder diffraction measurements at 11-BM? Yes No
- *Does this research involve macromolecular crystallography (single crystals) ? Yes No
- *Will the data collected be considered proprietary ? Yes No
- *Will the data collected be considered classified ? Yes No
- Does this research involve human subjects or materials ? Yes No
- Does this research involve live animals? Yes No
- *Are there known safety hazards associated with the proposed experimental procedures or your samples ? Yes No
- *Does this research involve the use of radioactive samples/materials ? Yes No
- *Does this research involve samples/materials that require a BSL-2 or BSL-3 facility? Yes No
- Is this research required for a student's thesis ? Yes No
- Have you spoken to a beamline staff member? Yes No
- *Are you submitting this proposal to the APS because of the transition between NSLS-I and NSLS-II? Yes No
- *Is this proposal related to another general user proposal ? Yes No

If so, which one(s) and how ?

(500 characters or less)

*Subject of Research:

- Materials science
 - Physics
 - Chemistry
 - Polymers
 - Medical applications
 - Biological and life sciences
 - Earth sciences
 - Environmental sciences
 - Optics (excluding x-ray optics)
 - Engineering
 - Instrumentation related to user facilities
 - Purchase of specialty service or materials
 - Other (specify)
- Specify Other :

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Individuals with a badge number must use the Find link to enter experimenter information. This link will allow searches by badge number OR name. Otherwise, use the non-registered user fields to enter experimenter data.

Spokesperson: [Find](#)

First Name : Last Name

*Phone: *Email *Badge

Institution:

Mailing Address:

Registered Experimenters Coming to APS:

	Badge	First Name	Last Name	Affiliation	Phone	Email	Delete
Find	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Find	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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Find	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Registered Experimenters Not Coming to APS:

	Badge	First Name	Last Name	Affiliation	Phone	Email	Delete
Find	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Find	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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Find	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Non-registered Experimenters:

Coming to APS	Badge	First Name	Last Name	Affiliation	Phone	Email	Delete
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

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General

Experimenters

Abstract

Beamtime Request

Questions

Samples

Review

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General User Program: gu_program@aps.anl.gov, 630-252-9090

Technical assistance: mls_mgrs@aps.anl.gov

You may attach supporting documents, in PDF form only. [Click here to attach/detach files](#)

List of Attachments

Abstract of Proposed Research

NOTES:

- You MUST provide an abstract below in the box provided. If you are cutting and pasting in text, **PLEASE check for symbols, Greek letters, and super/sub-scripts, etc.** These do not render properly in the system. PLEASE spell out and clarify wherever possible.
- Charts and figures may be attached to support your abstract text and are useful to reviewers.
- DO NOT attach a .pdf of a prior proposal. The reviewers will not read or look at it.
- Abstract MUST be less than 4000 characters including spaces. **Do not enter any carriage returns!**
- The abstract and proposal title may become public information.

Characters Remaining :

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[Rapid Access Description](#)

[Make New Request](#)

Total 8-hour shifts requested for the LIFE OF THE PROPOSAL	<input type="text"/>															
Total shifts used and scheduled (or allocated) to date:	0															
Number of the shifts remaining	N/A															
*For which scheduling period are you applying?	<input type="text"/> Status :															
Techniques Required:	<input type="text"/> <input type="text"/> <input type="text"/>															
*Choice Of Beamline:(The drop-down list will show when you click on one of scheduling periods, each beamline choice should be different.) Click here to view score distributions by beamline.	Select One Beamline <input type="text"/> 1st Select One Beamline <input type="text"/> 2nd Select One Beamline <input type="text"/> 3rd															
Any appropriate beamline	<input checked="" type="checkbox"/>															
*Number of 8-hour shifts requested for THIS scheduling period	<input type="text"/>															
Do you have specific scheduling requirements ?	<input type="text"/>															
What equipment is required ? What equipment will you bring ?	<input type="text"/>															
Please list any new publications resulting from your work at the APS.	<input type="text"/>															
Describe the progress made during your most recent beamtime. (2000 characters including spaces)	<input type="text"/>															
Preferred Dates (MM/DD/YYYY)	<table border="0"> <tr> <td style="text-align: center;">From</td> <td></td> <td style="text-align: center;">To</td> </tr> <tr> <td><input type="text"/></td> <td style="text-align: center;">to</td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td style="text-align: center;">to</td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td style="text-align: center;">to</td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td style="text-align: center;">to</td> <td><input type="text"/></td> </tr> </table>	From		To	<input type="text"/>	to	<input type="text"/>	<input type="text"/>	to	<input type="text"/>	<input type="text"/>	to	<input type="text"/>	<input type="text"/>	to	<input type="text"/>
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<input type="text"/>	to	<input type="text"/>														

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Which of these categories fit your proposal? Check all that apply (This information will be used for reviewer selection).

- Viruses
- Membranes
- Large Assemblies
- Complexes
- Nucleic Acids
- Structural Genomes
- High Resolution
- Time Resolved
- Education
- Instrumentation
- General

If this work is a continuation of work done under a previous proposal, give the previous proposal number and indicate what changes have been made. (limit : 3000 characters)

What is the scientific or technical purpose and importance of the proposed research? (limit : 500 words)

Why do you need the APS for this research? (limit : 100 words)

Why do you need the beamline you have chosen? (limit : 100 words)

Describe the participants' previous experience with synchrotron radiation and the experimental results obtained. (If you refer to previous publications, be sure to include complete citations.) (limit : 100 words)

Provide an overall estimate of the amount of beam time you will need to accomplish the goals of your proposed experimental program. How many visits during the two-year proposal period do you expect to need? How many shifts will you need during each visit (approximately)? (limit : 500 words)

References (limit : 2000 characters)

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List of Samples

Sample name and type of molecule must be entered if any other sample related data is to be saved.

Sample Name

Type of molecule: Protein DNA RNA Virus Prion Toxin Complex of type Other

Unit Cell Information			
Space Group :	<input type="text"/>		
a :	<input type="text"/> A	alpha :	<input type="text"/>
b :	<input type="text"/> A	beta :	<input type="text"/>
c :	<input type="text"/> A	gamma :	<input type="text"/>

Crystal Size and Quality		
<input type="text"/> mm by	<input type="text"/> mm by	<input type="text"/> mm
Resolution Limit	<input type="text"/> A	
Mosaicity	<input type="text"/> Degree	

Safety Information	
Bio Safety Level:	<input type="text"/>
Known Biohazard:	<input type="checkbox"/>

Experimental Needs	
Desired Energy:	<input type="text"/> KeV
Crystal Cryo-Freezing Conditions:	<input type="radio"/> Known <input type="radio"/> Unknown
Structure Solution Strategy:	
<input type="checkbox"/> MIR - elements	<input type="text"/>
<input type="checkbox"/> MAD - elements	<input type="text"/>
<input type="checkbox"/> Molecular Replacement	
<input type="checkbox"/> High Resolution - Resolution Desired	<input type="text"/> A
<input type="checkbox"/> Other	<input type="text"/>
Crystal mounting method and type of pins	<input type="checkbox"/> Yale <input type="checkbox"/> Hampton <input type="checkbox"/> 1/8 inch or 3 mm pin <input type="checkbox"/> Other <input type="text"/>

Please specify the funding source(s) for this sample:

<input type="checkbox"/> DOD (specify)	<input type="checkbox"/> DOE, Office of Basic Energy Sciences	<input type="checkbox"/> DOE, Office of Biological and Environmental Research
<input type="checkbox"/> DOE, Other (specify)	<input type="checkbox"/> Foreign (specify)	<input type="checkbox"/> HHIH
<input type="checkbox"/> Howard Hughes Medical Institute (HHMI)	<input type="checkbox"/> Industry	<input type="checkbox"/> NASA
<input type="checkbox"/> NIH	<input type="checkbox"/> NSF	<input type="checkbox"/> Other U.S. Government
<input type="checkbox"/> USDA	<input type="checkbox"/> Other (specify)	Specify Other : <input type="text"/>

[Add Another Sample](#)

avg:

Final Score:	0.00
Comments to spokesperson	
Total Used Beamtime Shifts	0

Rating Scale

Quality Of Research	Impact Of Research	Need for Third Generation Synchrotron	Potential for Publication
<ul style="list-style-type: none"> • Highly Innovative and of great scientific importance (1) • High quality and cutting edge (2) • Near cutting edge (3) • Interesting (4) • Not well-planned or not feasible (5) 	<ul style="list-style-type: none"> • Revolutionary (1) • Significant (2) • Important (3) • Minimal (4) • Insignificant (5) 	<ul style="list-style-type: none"> • Essential(1) • Highly desirable for success of experiment(2) • Beneficial (3) • Not required (4). • Need is not clear(5) 	<ul style="list-style-type: none"> • Very high in a leading scientific journal(1) • High in a leading scientific journal(2) • Strong in a non-leading scientific journal(3) • Likely(4) • Not Likely(5)