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| **UNIVERSITY OF WARSAW** |  |
| **HEAVY ION LABORATORY** |

1. Beam request form

Title of the experiment (full length description should be attached):

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Spokesperson

Name: ...............................................................................................................................….

Affiliation: ...........................................................................................................................…

Mailing address: ................................................................................................................…

.........................................................................................................................................…..

Tel.: ................................................................ Fax: ......................…….............................…

E-mail ...............................................................................................................................….

Contact person at HIL: ...................……………………………………….................................

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| --- | --- | --- | --- | --- |
| Ion species | Total energy (MeV)[[1]](#footnote-1) | | Minimum beam current at the experimental stand (pnA) | Number of  8-hour shifts |
| Min | Max |
|  |  |  |  |  |
|  |  |  |  |  |

Total requested beam time: ...............................................................…………..............

Preferred time period for the experiment: .......................................................................…..

Earliest starting date: …...........………………………....………..............................................

Periods absolutely excluded: ……………………..........………………………………………...

Experimental set-up: Internal beam, Radiobiology, NEDA, Eagle, Icare, Other

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| Additional comments (special requirements for the beam or experimental equipment, own equipment that will be installed, equipment and assistance expected from HIL, etc …) |
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Before submission of the proposal, it is requested to consult the contact person at HIL to clarify all matters related to the experiment including its technical feasibility (in terms of beam availability, intensity, energy, target, status of the accelerators, readiness of the experimental setup, radioprotection limits, accident safety and prevention).

Required attachment:

1. Full description of the experiment. Please use the HIL proposal template. Description should include rate estimate – please provide details which make possible verification of the calculation. The proposal should define tasks which are planned to be achieved during the considered beam-time allocation period. Proposal should contain the information on the instrumentation needs (e.g. scattering chambers, detectors, acquisition systems). In case the setup is not available at HIL and requires additional preparation and commissioning please specify time-frame of installation.

Additional attachments (where applicable):

1. A brief summary of the status of the previously performed experiment(s) at HIL is expected to be reported.
2. Information on PhD theses to be based on this proposal (*Name, date of beginning, expected date of completion*).
3. List of grants related to this experiment (e.g. Polish National Science Centre and Ministry of Education and Science, Horizon Europe Framework Programme, Universities Programmes , other - *grant title, date of beginning, date of completion*).
4. List of all papers of your team, which resulted from earlier measurements at HIL.

1. The beam energy is not infinitely adjustable, so please give lower and upper limit of the energy at which the experiment can be performed. [↑](#footnote-ref-1)