PROTON RESEARCH - BEAM TIME REQUEST

Use this form to request beam time for an existing project. *Please email completed form to ProtonResearch@cchmc.org.*	***Date Approved:*** ***Project ID:*** *To be completed by Proton Staff*	Form Submission Date:

1. CONTACT INFORMATION

1a. Principal Investigator:

1b. Project Contact (Name and Phone Number):

2. PROJECT INFORMATION

2a. Project Title:

Please use the same title for all beam time requests related to the same project, this is how the team keeps track of multiple projects. If you don't know or can't find your project ID, please contact the proton research team.

2b. Assigned Project ID (from Approved Project Application):

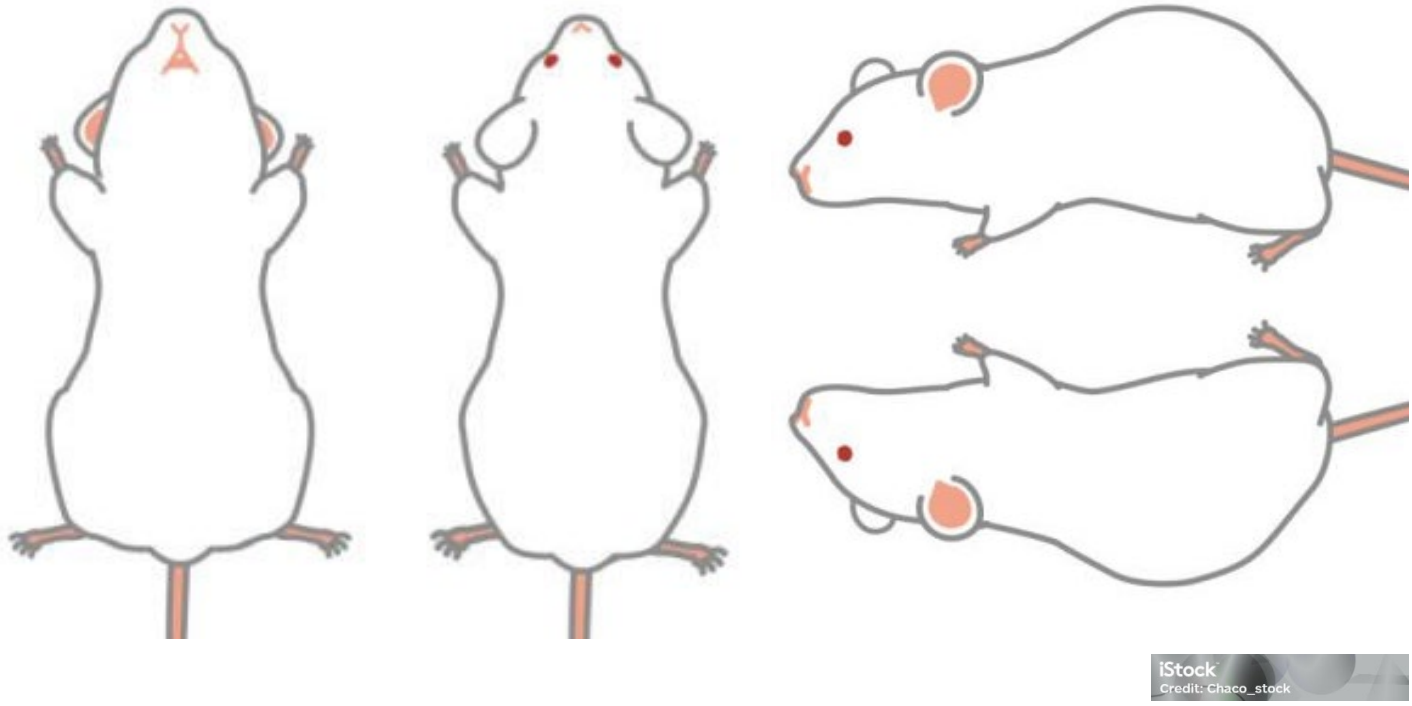
2c. Preferred Irradiation Date(s):

2d. Requested Beam Time Per Day (e.g., 1 hour):

3. RADIATION TREATMENT SETUP

3a. Briefly describe the desired setup for the irradiation including field size/shape (including plate or container type for *In Vitro*), applicable dose constraints, organ sparing, collimator usage, etc.

3b. For *In Vivo* treatments, please draw or circle the desired radiation field on the mouse diagrams below. For tumor models, please indicate the approximate tumor location.



4. EXPERIMENTAL SETUP						
Group	**# Subjects***	**Conv/FLASH**	**Thru/Bragg**	**Nom Dose Rate**	**# Fractions**	**Total Dose**
1						
2						
3						
4						
5						
6						
7						
8						

**For In Vivo experiments, it's suggested to add 20% more animals per group, enough animals to power statistical significance (n ≥ 7), and an unirradiated control group (sham). To irradiate more than 25 animals per session, please contact the proton research team.*

5. MODEL INFORMATION

For In *Vivo* (5a-e):

5a. Anticipated Animal Transfer Dates: To Liberty Back to Base

Animal transfers should NOT be scheduled until the beam time request has been approved. *Acknowledge* ☐

5b. IACUC Protocol Number, PI, and Approved Doses:

5c. Animal Model (Species, Strain, Sex, Age):

5d. Genetic Model/Tumor Cell Line:

5e. Planned Date of Injection:

For In *Vitro* (5f-i):

5f. Cell Line Name:

5g. Will the incubator at the PTC be used? ☐ Yes ☐ No

5h. Will the lab space at the PTC be used? ☐ Yes ☐ No

5i. If yes to either, please explain any specific needs.