Experiment Request Form

1. REQUESTER DETAILS

|  |  |
| --- | --- |
| Principal Investigator:  |  |
| Institution:  |  |
| Contact Information (phone/email): |  |
| Experiment Members: |  |
| Collaborating Institutions: |  |
| Funding Source (optional) |  |
| Approximate Duration: |  |

1. EXPERIMENT DESCRIPTION
2. **Scientific justification** (one paragraph)
3. **Experiment short description and goals** (max 1 page)
4. BEAM PARAMETERS

Please provide as much detail as possible. Provide ranges if you have the necessity to vary some of the parameter during your experiment.

|  |  |
| --- | --- |
| Bunch charge / length:  |  |
| Number of bunches / time structure:  |  |
| Beam energy / energy spread: |  |
| Transverse Twiss parameters (β; α; ε) or beam size/shape: |  |
| Critical parameters and stability requirements(e.g. orbit, beam size, charge,…): |  |

1. EXPERIMENTAL APPARATUS

Give a detailed description of the experimental apparatus, including as appropriate:

* Sketch of the planned layout with dimensions
* Description of the DAQ system coming with the experiment and what additional DAQ will be needed from CLEAR
* Other electronics components (HV supplies, scopes, etc.)
* Cooling or gas supply needs
* Radioactive sources
* Computing infrastructure needs
* Any other aspect which might be of importance
* Support needed from CLEAR: riggers, technicians, DAQ systems, cooling, gas lines, etc.
1. EXPERIMENT LOGISTIC

Give details of the logistics for the experiment, including as appropriate:

* Space Requirements (include sketch):
* Special Requirements (cooling water, gasses, electricity, magnets, detectors, etc):
* Estimated installation time:
* Duration of the experiment:
* Desired Calendar dates:
* Any other aspect of Importance: