Applications **must** be typed.

# APPLICATION FOR THE NON-HUMAN USE OF RADIOACTIVE MATERIAL

## RSC # \_\_\_\_\_\_\_\_

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| 1. Responsible Investigator Name & Title: |
| Last:       | First:       | Middle:       | Degree/Title:       |
| 2. Department:       | Telephone #:       |
|  Building:       | Other contact #:       |
|  Room:       | Fax #:       |
|  Box #:       | Email:       |
| 3. Title of Study for this application: |
|        |
| 4. Expected duration of this project:       |
| 5. List the radioactive materials needed for this study (use additional sheets if necessary): |
| Radionuclide | Chemical Form | Physical Form | Possession Amount in Lab |
|       |       |       |       |
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| 6. Attach a description of the protocol for this experiment. Provide sufficient details to make possible an assessment of the radiation safety aspects of the manipulations and procedures; justifiy the amounts requested. Evaluate any radiation hazard to personnel arising from necessary manipulations such as transferring samples of radionuclides from the stock bottle; from iodinations with I-125 or I-131; from chemical reductions with H-3; from volatilization of tritiated water or other volatile labeled compounds; from stock liquid and solid wastes. Describe how you will control and/or prevent contamination of the working environment of personnel. |
| 7. List all rooms to be designated for use or storage of radioactive material.       Attach a sketch of your working areas and identify the following: buildings, floors, room, radioisotope stock storage, radioactive waste storage, working, and counting areas. |
| 8. Indicate the materials on the working surfaces in your laboratory: |
|  [ ]  Wood | [ ]  Plastic laminate | [ ]  Stainless steel | [ ]  Artificial stone |
| If made of another material, please describe:       |
| 9. Is a hood available in your laboratory? [ ]  Yes [ ]  No  |
|   |
| 10. **Complete this section if radioactive material will be used *in-vivo* in animals:**Species:      Average weight:      Radioactive dose per animal:      Route of administration:      Total number of animals in this study, or the number of animals per week or month:      Biological half-life:      Radioactive material remaining in carcass:       |
| Amount of radioactivity eliminated: | In exhaled air:       | In urine:       | In feces:       |
|  |  |
|  |  |
| 11. Estimate how much radioactive waste will be generated for disposal per month (activity, volume/mass) |
|  Liquid waste (activity and volume [liters]:       |
|  Solid waste (activity and number of bags):       |
|  Scintillation vials (activity and number of trays or bags):       |
|  Biological (activity and number of animals or bags):       |
| NOTE: INSTITUTIONAL REGULATIONS FORBID DISPOSAL VIA SINK OR SEWAGE SYSTEM unless approved by the Radiation Safety Officer |
| 12. Has the responsible investigator reviewed his/her responsibilities 12VAC 481 and the VCU Radiation Safety Guide? [ ]  Yes [ ]  No |
| If this application is approved, the authorization will apply only to the responsible investigator and specifically to the project described herein.**Comments and exceptions:**     **Signature:** |
|  Applicant | Date |