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: | |
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| 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 |