

# REQUEST TO MODIFY AUTHORIZATION TO CHANGE ISOTOPE LIMITS

Complete appropriate section(s) below to add, increase or decrease isotope limit(s) including chemical form and quantities.  
Use the back of this form if additional space is needed. Submit to [ehdean@vcu.edu](mailto:ehdean@vcu.edu) or Grant House, Room 211.

## A. Increase in possession limit(s)

Radionuclide: \_\_\_\_\_ Amount requested for increase: \_\_\_\_\_ (uCi / mCi)

Protocol name or authorization number: \_\_\_\_\_

Reason for increase: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Radionuclide: \_\_\_\_\_ Amount requested for increase: \_\_\_\_\_ (uCi / mCi)

Protocol name or authorization number: \_\_\_\_\_

Reason for increase: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## B. Substitution/addition of a different radionuclide or chemical form to a previously approved protocol. (for example, attach a procedure for new uses of P-32 or significant gamma emitters such as I-125. A new application may be required if this change differs substantially from the previously approved protocol; if the procedure involves an oxidation, reduction or iodination process; or if the requested material is volatile.)

**Please indicate the following:**

Radionuclide and chemical form: \_\_\_\_\_

Possession limit desired: \_\_\_\_\_

Amount(s) to be used per procedure: \_\_\_\_\_

Frequency of procedure: \_\_\_\_\_

Protocol name or authorization number for which substitution is requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Signature of Responsible Investigator:

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

## Approved by:

RSO \_\_\_\_\_ Date \_\_\_\_\_