



INDIANA UNIVERSITY

OFFICE OF RESEARCH ADMINISTRATION
RADIATION SAFETY - INDIANAPOLIS

**RADIONUCLIDE USE PERMIT
APPLICATION FOR NON-HUMAN
USE**



Please use the [RSO Form A-1 Guidance](#) document to assist in completing this application. Upon completion, this application and all other indicated supplemental forms should be submitted to the Radiation Safety Office (RSO). Electronic submissions in .pdf files are desired. Physical copies can be delivered to CL159.

Applicant Information

Applicant Name (Last, First, MI.):		Post-nominal title: <input type="checkbox"/> MD <input type="checkbox"/> PhD <input type="checkbox"/> Other: _____	
Department:	Campus Address (Bldg. & Room):	E-mail:	
Office Phone:	Lab Phone:	Home Phone:	

Project Information

Anticipated Start Date:	Project Duration: <input type="checkbox"/> Indefinite	Project Involves (check all that apply): <input type="checkbox"/> Animals* <input type="checkbox"/> rDNA [†] <input type="checkbox"/> Cells/Biohaz
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Summary of Project:
(Include purpose of your project and radiation-use methods, including but not limited to physical handling of radionuclide(s), amount of material per procedure, dilution techniques, labeling procedures, methods of radioassay, etc. in detail.)

Radionuclide Use

Indicate the nuclide(s), chemical & physical form(s), amount of material, in mCi, you will use per experiment as well as a reasonable possession limit for each nuclide.

Radionuclide	Physical & Chemical Form(s)	Max. Activity Per Procedure (mCi)	Desired Possession Limit (mCi)

Monitoring Equipment

Indicate any radiation monitoring equipment that will be used to monitor for contamination or assays.

Instrument	Make	Model	Serial Number	Indication of Use
<input type="checkbox"/> LSC <input type="checkbox"/> Survey Meter				
<input type="checkbox"/> LSC <input type="checkbox"/> Survey Meter				
<input type="checkbox"/> LSC <input type="checkbox"/> Survey Meter				

Radioactive Waste Generation

The experiment(s) listed above will generate the following waste:

- | | | |
|---|--|--|
| <input type="checkbox"/> Dry Solid | <input type="checkbox"/> Scintillation Vials w/ Organic Fluids | <input type="checkbox"/> Organic Liquid |
| <input type="checkbox"/> Aqueous Liquid | <input type="checkbox"/> Scintillation Vials w/ Biodegradable Fluids | <input type="checkbox"/> Biohazard Material [‡] |
| <input type="checkbox"/> Animal Carcasses | <input type="checkbox"/> Sharps | |

Laboratories

A RSO Form A-4, *Application for Facility Approval for Radionuclide Use*, must accompany this application for each laboratory that is desired to be used for research conducted under this permit.

Personnel

A RSO Form A-3, *Authorization to Use Radioactive Material*, must accompany this application for each individual, including the applicant that will use radioactive material under this application/permit. **A copy of the Applicant's curriculum vitae (CV) must also be submitted with this application.**

Personnel Monitoring

A RSO Form A-5, *Request for Personnel Monitoring Service*, shall be submitted for each person requiring monitoring. Refer to the ***Radiation Safety Procedures Manual*** for more information.

Applicant Statement of Compliance

I certify that all the above information is correct, that I have reviewed the **RADIATION SAFETY PROCEDURES MANUAL**, and understand that I cannot start RAM use until this application is preliminarily approved.

Signature: _____

Date: _____

RSO USE ONLY!

Date Received:	Prelim. Approval Date:	Approved By:	RRSC Approval Date:
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[‡]Biohazardous Material must be autoclaved or bleached prior to RSO disposal.



ANIMAL USE ADDENDUM

(Supplement to RSO A-1 or A-2 Forms)

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Any study involving the in-vivo (i.e., injection, implantation, etc.) of radioactive material into any breed of animal in the course of research must complete this document and submit in conjunction with an application or amendment for radionuclide use. Refer to the Laboratory Animal Research Center (LARC) or the Radiation Safety Procedures Manual for additional information that may help complete this form. Questions can be directed to the Radiation Safety Office.

Researcher Information

Applicant Name (Last, First, MI.):	Department:	IACUC/LARC Study Approval #:
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Animal Information

Breed of Animal(s):	Average Weight: <input type="checkbox"/> lbs <input type="checkbox"/> kgs	Total # of Animals for Study:
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Activity to be Administered per Animal: <input type="checkbox"/> μ Ci <input type="checkbox"/> mCi	Route of Administration: <input type="checkbox"/> IV <input type="checkbox"/> Oral <input type="checkbox"/> Other: _____	# of Animals to be Disposed: <input type="checkbox"/> Each Week <input type="checkbox"/> Each Month
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Estimated Activity to be Excreted: <input type="checkbox"/> μ Ci <input type="checkbox"/> mCi PER <input type="checkbox"/> hour <input type="checkbox"/> day	Route of Excretion (Check all that apply): <input type="checkbox"/> Urine <input type="checkbox"/> Feces <input type="checkbox"/> Exhalation <input type="checkbox"/> Other: _____
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Study Length for Animals: <input type="checkbox"/> Acute (<1 day) <input type="checkbox"/> Chronic (>1 day)	If Chronic, location of Animal Holding (Building & Room #'s):
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Additional Information

Please describe any additional information that may be needed to approve your in-vivo animal study:

Applicant Signature:

Signature:	Date:
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