



INDIANA UNIVERSITY

PUBLIC SAFETY  
Environmental Health and Safety

# RADIONUCLIDE USE PERMIT AMENDMENT APPLICATION

RSO Form

A-2

Rev June 2023

Please use the **RSO Form A-1 guidance document** to assist in completing this application. Upon completion, this application and all supplemental forms should be submitted to the Radiation Safety Office (RSO). Electronic submissions in PDF are preferred. Physical copies can be delivered to the RSO.

## 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.)

\*Complete and submit *Animal Use Addendum* on Page 3.

†Attach copy of IBC application/approval.

### 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                                      |  |

### Personnel

**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 permit. A copy of the Applicant's CV or resume must also be submitted with this application.

### Laboratories

**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 Monitoring

**RSO Form A-5, Request for Personnel Monitoring Service**, shall be submitted for each individual 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)

Any study involving in-vivo use (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.

## Researcher Information

Applicant Name (Last, First, MI.):

Department:

IACUC Protocol #:

## Animal Information

Breed of Animals:

Average Weight:

lbs  
 kgs

Total Number of Animals for Study:

Activity to be Administered per Animal:

$\mu$ Ci  
 mCi

Route of Administration:

IV  
 Oral  Other: \_\_\_\_\_

Number of Animals to be Disposed:

Each Week  
 Each Month

Estimated Activity to be Excreted:

$\mu$ Ci  hour  
 mCi **PER**  day

Route of Excretion (Check all that apply):

Urine  Feces  Exhalation  
 Other: \_\_\_\_\_

Radionuclide(s) to be used:

Study Length for Animals:

Acute (<1 day)  Chronic (>1 day)

Animal Holding Location:

## Additional Information

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

## Applicant Signature:

Signature:

Date: