

Application To AMEND A Radioactive Materials Authorization

Washington University in St. Louis and Washington University Medical Center

Type or Print Clearly! Forward completed form to WUSM Box 8053

Name _____ Telephone _____

Department _____ Division _____ Box _____

Check { ✓ } and complete the section below

1. Request for additional radionuclide(s) and/or for increased amount(s)

Radionuclide	Chemical Form	Total Amount For 1 Year (millicuries)	Maximum Per Shipment (millicuries)
<input type="checkbox"/> ³ H	Any (except below)	_____	_____
<input type="checkbox"/> ³ H	Na/K-borohydride ⁽¹⁾	_____	_____
<input type="checkbox"/> ³ H	H ₂ or H ₂ O ⁽¹⁾	_____	_____
<input type="checkbox"/> ¹⁴ C	Any	_____	_____
<input type="checkbox"/> ²² Na	Any	_____	_____
<input type="checkbox"/> ³² P	Any	_____	_____
<input type="checkbox"/> ³³ P	Any	_____	_____
<input type="checkbox"/> ³⁵ S	Any	_____	_____
<input type="checkbox"/> ⁴⁵ Ca	Any	_____	_____
<input type="checkbox"/> ⁵¹ Cr	Any	_____	_____
<input type="checkbox"/> ⁸⁶ Rb	Any	_____	_____
<input type="checkbox"/> ¹²⁵ I	Any (except NaI)	_____	_____
<input type="checkbox"/> ¹²⁵ I	NaI ⁽²⁾	_____	_____
<input type="checkbox"/> ¹³¹ I	Any (except NaI)	_____	_____
<input type="checkbox"/> ¹³¹ I	NaI ⁽²⁾	_____	_____
<input type="checkbox"/> _____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____

⁽¹⁾ Submit a completed copy of the **Volatile Tritiated Material Questionnaire** if the requested amount is more than 30 mCi per shipment or more than 100 mCi per year.

⁽²⁾ Submit a completed copy of the **Radioiodine Questionnaire** if the requested amount is more than 1 mCi per shipment or more than 20 mCi per year.

Briefly describe the use of the requested material(s) and, if applicable, the need for the increased amount(s).

- 2. Request to administer radioactive materials to animals; if requested, attach a completed copy of the ***Radioactive Materials Use In Animals Questionnaire***
- 3. Request for additional locations of use and/or storage

Location (Specify Room Number & Building Name)	Intended Use

Applicant Signature _____ **Date** _____

<u>Committee Action:</u>	
Date Approved _____	Subcommittee Chairman _____
Restrictions _____	

Expiration Date _____	