

Application For The Possession Of Radioactive Materials For Investigational Human Use

Washington University Medical Center

Return completed form to Radiation Safety by fax to 362-4776 or campus mail at Box 8053

Name _____ Telephone _____

Department _____ Box _____

Applicant Status (Check { ✓ } one)

- Applicant is currently approved for radioactive material use at WUMC
- New Applicant; attach a completed copy of the form
"Statement Regarding Training And Experience Involving Radioactive Material"

Radioactive Material Requested

Radionuclide	Supplier	Chemical and/or Physical Form(s)	Maximum Amount Per Shipment (mCi)	Total Amount For One Year (mCi)

Indicate Provisions for Storage and Handling (check { ✓ } as appropriate)

- | | |
|--|---|
| <input type="checkbox"/> Designated Waste Containers | <input type="checkbox"/> Pipette Filling Devices |
| <input type="checkbox"/> Disposable Gloves | <input type="checkbox"/> Protective Clothing |
| <input type="checkbox"/> Absorbent Pads | <input type="checkbox"/> Long-handled Devices |
| <input type="checkbox"/> Fume Hood(s) | <input type="checkbox"/> Protective Shields |
| <input type="checkbox"/> Glove Box | <input type="checkbox"/> Shielded Storage Area(s) |
| <input type="checkbox"/> Other; Specify _____ | |

Specify Locations of Storage and Use: *Building & Room(s)* _____

Specify Available Radiation Detection Instrumentation (check { ✓ } as appropriate)

(A) For Wipe-Test Assays

LSC NaI System Other; Specify _____

(B) For General Monitoring

GM Other; Specify _____
Make/Model _____

List the Names of All Individuals Who Will Work With the Material Requested in This Application

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Specify Provisions for Disposal of Radioactive Waste

Transfer to Radiation Safety: Yes No Other? Yes No

Specify _____

Statement of Agreement

The undersigned agrees to comply with the University rules and regulations governing the use of radioactive material and acknowledges that failure to conform with the regulations may result in the immediate revocation of this authorization.

Applicant
Signature _____ **Date** _____

Committee Action:

Date _____ Subcommittee _____
Approved _____ Chairman _____

Restrictions _____

_____ Expiration Date _____