

# Application For Possession And Use Of Radioactive Materials, Excluding Human Use

Washington University in St. Louis and Washington University Medical Center

*Type or Print Clearly. Forward completed form to Radiation Safety, Campus Box 8053*

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Department \_\_\_\_\_ Division \_\_\_\_\_ Box \_\_\_\_\_

(A) Specify radioactive material requested (check {  } and complete the section below):

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

<sup>(1)</sup> 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.

<sup>(2)</sup> 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.

(B) Describe the purpose for which the material is to be used:

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(C) 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 _____        |   |

(D) Specify locations of storage and use: **Building & Room(s)** \_\_\_\_\_  
\_\_\_\_\_

(E) Verify that required radiation detection instrumentation is available (check as appropriate).

- Survey Instrument(s) for Monitoring       Device(s) for Wipe-Test Assays (LSC or NaI)

(F) Indicate how the material is to be used (check { ✓ } as appropriate).

- In *Vitro*?     Yes     No                      In *Animals*?     Yes     No

(G) List the names of all individuals who will work with the material requested in this application:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(H) Verify that all radioactive waste (except for specifically-approved drain discharge of low level liquid waste) will be transferred to radiation Safety for disposal.

Check { ✓ } to **Confirm**

(Contact your Radiation Safety lab inspector @ **314-362-4966** regarding low level drain disposal authorization).

(I) Specify individual who will coordinate the lab radiation safety and to whom radiation safety correspondence should be sent:

- Applicant     Other; Specify \_\_\_\_\_

(J) Statement of Agreement:

The undersigned agrees to comply with the 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** \_\_\_\_\_

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