

# Radioiodine Questionnaire

Complete this form and attach it to your application form **if** you have requested unsealed labeled iodide, e.g., sodium iodide labeled with  $^{123}\text{I}$ ,  $^{125}\text{I}$ ,  $^{131}\text{I}$  in an amount greater than 1.0 mCi per shipment. The US Nuclear Regulatory Commission requires (1) quarterly thyroid monitoring of workers handling radioiodine, (2) quarterly evaluations of the fume hoods used for the radioiodine work and (3) quarterly evaluations of airborne concentrations in areas where radioiodine is used.

**Check {✓} and Complete as Appropriate**

1. Operations (including withdrawals from open\* stock vials) involving more than 1 mCi must be conducted in a fume hood or glove box. Your radioiodine work will be conducted in a

**Fume Hood(s)**; Specify Location(s):

**Primary** Fume Hood (room & building) \_\_\_\_\_

Will a charcoal filter be used?  Yes  No

**Secondary** Fume Hood (room & building), if applicable \_\_\_\_\_

Will a charcoal filter be used?  Yes  No

**Glove Box**; Specify Location (room & building) \_\_\_\_\_

Will a charcoal filter be used?  Yes  No

2. List the names of individuals who will handle unsealed\* labeled iodide of activities greater than 1 mCi:

Name	Room Number (Location where the individual can be found for in-the-lab bioassays)	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Specify the **maximum** activity that will be employed in single operations, e.g., radioiodinations; as applicable:

$^{123}\text{I}$  \_\_\_\_\_ mCi

$^{125}\text{I}$  \_\_\_\_\_ mCi

$^{131}\text{I}$  \_\_\_\_\_ mCi

*\*septum-covered vials are considered sealed*

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_