APPLICATION FOR
CURRENTLY APPROVED INVESTIGATORS

RADIONUCLIDE POSSESSION AND LIMIT INCREASE

INVESTIGATOR'S NAME: _____

DEPTARMENT: _____PHONE #:_____

NEW RADIONUCLIDE REQUEST:
If you need to acquire and use a radionuclide which you are not currently authorized for complete Section A. FAX this form to 656-8876 or return it to the RSO at 004 Rowell Building

INCREASE IN POSSESSION LIMIT:
If you are approved for a particular radionuclide but need to increase the amount you are currently authorized for complete Section B. FAX this form to 656-8876 or return it to the RSO at 004 Rowell Building.

SECTION A: REQUEST FOR RADIONUCLIDE AND USE

Radionuclide	Requested possession limit (millicuries)
_____	_____
_____	_____

The above radionuclides will be administered to:
[ ] live animals [ ] animal tissue
[ ] live humans ** [ ] human tissue, cells
[ ] other (please describe):_____

The purpose of use is (are):
[ ] cell labeling [ ] autoradiography
[ ] other (please describe): _____

SECTION B: POSSESSION LIMIT INCREASE

For Radionuclide: _____
[ ] increase of frequency of experiments
[ ] increase in quantity (mCi) of activity used in experiments
[ ] increase in quantity of waste being stored in the lab
[ ] new experiments require a larger quantity of activity
[ ] other (please explain):_____
_____
_____

_____ _____
Investigator signature Date

*** attach a copy of authorization from FAHC Radiation Safety Committee*