

Radioactive Material Permit Application

Name: _____

Date: _____

RADIONUCLIDE NAME	FORM	TOTAL AMOUNT OF ACTIVITY REQUESTED	MAX ACTIVITY PER PROCEDURE
1			
2			
3			
4			

Include a copy of your protocol. The protocol should reference the table above and should include:

1. Names of personnel (and training documentation (F:NAU:RAD:13)) working directly with the radionuclide and in what capacity.
2. The location(s) in which radioactive material will be stored and used. If used in more than one location, please to specify transport procedures.
3. The type of study. (In vivo, in vitro, or both.)
4. If in vitro:
 - a. The type of equipment to be used.
 - b. Detailed radiation safety precautions to be used throughout the entire procedure.
5. If in vivo:
 - a. Attach an approved IACUC Protocol.
 - b. The type and number of animal(s) to be used.
 - c. Caging Requirements.
 - d. Where the animals will be held.
 - e. Where the radionuclide(s) will be prepared.
 - f. Detailed radiation safety precautions to be used throughout the entire protocol.

Applicant Signature: _____