

**University of Arkansas for Medical Sciences**  
**FORM 1 - APPLICATION FOR RADIONUCLIDE USE**

APPLICATION CLASS:  New  Renewal  Amendment Date: \_\_\_\_\_

**1. TITLE OF PROJECT:**

**2. INVESTIGATOR NAME:**  
**TITLE:**

**DEPT.:**  
**PHONE:            SLOT:**

a. Name & title of others who will work on this project (complete supplemental training sheet for each):

**NAME:**  
**TITLE:**

**DEPT.:**  
**PHONE:            SLOT:**

**3. Radioactive materials to be used:**

Nuclide	Physical / Chemical forms	Maximum amount in possession (mCi)
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**4. RADIONUCLIDE USAGE AND DISPOSAL:**

- a. Location(s) of use:
- b. Location(s) of storage:
- c. Duration of Usage:
- d. Type of usage: \_\_\_\_\_ in vitro    \_\_\_\_\_ animal <sup>(1)</sup>    \_\_\_\_\_ human
- e.  $\mu$ Ci/experiment:
- f. Waste Disposal <sup>(2)</sup>:

Nuclide	mCi/month and volume (gals. or lbs.)				
Dry Waste	Liquid Scint.	Aqueous Liquid	Non-aqueous liquid	Animals	

**Note 1: Animal use requires completion of Form 3.**  
**2: Review rules for radioactive waste disposal.**

**DATE RECEIVED:** \_\_\_\_\_ **DATE APPROVED:** \_\_\_\_\_

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**(Form 1, continued)**

**5. DESCRIPTION OF HOW RADIONUCLIDES WILL BE USED** (Give special attention to procedures that have potential of contamination - centrifugation, evolution of gases, vapors, etc.):

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**(Form 1, continued)**

**6. RADIATION SAFETY PROCEDURES TO BE FOLLOWED, FACILITIES & EQUIPMENT, ETC.**  
(Attach separate pages as necessary).

**a. Procedures to ensure radionuclides are not lost or stolen.**

**b. Posting and labeling practices.**

**c. Contamination control measures (trays, gloves, adsorbent paper, etc.).**

**d. Fume hood availability.**

**e. Radiation survey meter availability.**

**f. Shielding devices. none required**

**g. Personnel Dosimetry.**  
\_\_\_\_\_ Film badges    \_\_\_\_\_ Ring badge    \_\_\_\_\_ Bioassay.

**h. Other.**

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**FORM 2 - TRAINING AND EXPERIENCE SUPPLEMENT** (Attach to Form 1)

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1. NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ DEPT.: \_\_\_\_\_  
SOCIAL SECURITY NO.: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SEX: \_\_\_\_\_

2. FORMAL TRAINING:

a. List Dates and Institution(s):

b. List number of clock hours for each of the following subjects covered (20 hours total required for P.I.):

<u>Hours</u>	<u>Subject</u>
_____	Principles of radiation safety
_____	Radiation measurement, monitoring techniques and instruments
_____	Mathematics & calculations basic to use and measurement of radiation
_____	Biological effects of radiation
_____	Other (specify)
_____	Total hours

c. Is a copy of certification of training attached to application?  yes  no

3. EXPERIENCE WITH RADIATION SOURCES:

a. Dates and Institution(s):

b. Nuclide \_\_\_\_\_ Maximum amount (mCi) \_\_\_\_\_ Type of use \_\_\_\_\_

4. RADIATION EXPOSURE HISTORY: Give address(es) of facilities where you have been issued personnel monitoring (film badges, ring badges) or where bioassays (thyroid uptake, urinalysis) have been performed. (Include dates).

Date(s) \_\_\_\_\_ Monitoring type \_\_\_\_\_ Bioassay type \_\_\_\_\_ Facility and address \_\_\_\_\_

5. CERTIFICATION: I certify that the above information is correct to the best of my knowledge and I authorize release of my previous radiation exposure history as described above.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_