

REQUEST TO MODIFY RADIOISOTOPE AUTHORIZATION

Complete appropriate section(s) below for the desired change. Use the back of this form if additional space is needed.

A. Increase in possession limit (same protocol):

Radionuclide: _____ Amount requested for lab possession limit: _____

Protocol name or number: _____

Reason for increase: _____

B. Substitution/addition of a different radionuclide or chemical form to a previously approved protocol. Attach a procedure for new uses of P-32 or significant gamma emitters. (A new application may be required if this change differs substantially from the previously approved protocol; if the procedure involves an oxidation, reduction or iodination process; or if the requested material is volatile.)

Please indicate the following:

Radionuclide and chemical form: _____ Possession limit desired: _____

Amount(s) to be used per procedure: _____ Frequency of procedure: _____

Protocol name or number for which substitution is requested: _____

C. New or additional location for radioisotope work or storage:

Sketch a small diagram of the new room(s) or location on the back of this form. Include the building, room number, radioisotope work areas, and areas which will be monitored by swipe surveys. Indicate whether this room already has an entrance sign designating it for radioisotope use.

D. Deletion of a room from designation as an authorized radioisotope use or storage area.

Complete the following information to schedule a close-out survey by Radiation Safety:

Building and room number: _____

Date all radioactive material, labeled equipment and contaminated items will be removed from the room: _____

E. Addition of person(s) authorized by the Responsible Investigator to sign orders for radioactive material.

Name (Please Print)	Signature	Effective Date
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_____	_____	_____
_____	_____	_____
_____	_____	_____

F. Deletion of person(s) from designation by Responsible Investigator to sign orders for radioactive material.

Name(s) (Please Print)	Effective Date
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_____	_____
_____	_____

G. Designation of responsibility during absence of Responsible Investigator. Responsible Investigators must designate another Responsible Investigator or a qualified technical staff member to be responsible for laboratory radiation safety during their absences of less than four weeks.* I designate (print name) _____ to be responsible for laboratory radiation safety during my absences of less than four weeks.

Signature of Designee: _____ Date _____

*Responsible Investigators who will be absent more than four weeks are required to either completely shut down their lab operations with radioactive material, or transfer their authorizations to another qualified individual who meets the University's requirements for Responsible Investigators.

Signature of Responsible Investigator:

Print Name _____ Date _____

Signature _____

Approved by:

Director, OEHS _____

Date _____