

**Application to Amend Chemical Form and/or Procedures
for Radioactive Materials Used in Research**

Name: _____ Degree: _____ Title: _____
 First MI Last MD, Ph.D., etc. Asst. Professor, Chairperson, etc.

Department: _____ Location of Use: Building _____ Rm. No. _____

Office Phone: _____ Laboratory Phone: _____

I wish to apply for the following changes in my current authorization to use RAM:

Change in chemical form only Change in methods & procedures only Change in both chemical form and procedure

State the Title and/or Objective of the Research Project in the space below:

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EHS USE ONLY

EHS has reviewed the application for new Chemical Form & Procedures and found them to be (check one):

Acceptable Not Acceptable Need More Information

Note: Copies of notes, Q&A discussion and, if any, condition(s) attached.

Authorization No.: _____ Expiration Date: _____

Reviewed By: _____ EHS Staff Date: _____

Approved By: _____ Radiation Safety Officer Date: _____

Please complete the following:

I. When applying for a change in chemical form:

Radionuclide: _____ Chemical Form: _____ Possession Limit Requested: _____ mCi

Physical Form: gas liquid sealed source other solid

Activity per order: _____ uCi mCi Ci Order frequency: _____
Weekly, monthly, etc.

Activity per experiment: _____ uCi mCi Ci Experimental frequency: _____

II. When applying for a change in procedure

Provide below a brief description of Methods & Procedures (use extra sheet if needed):

Signature: _____ Date: _____