

Form 107-Application for Procurement and Use of Radioactive Materials

Radiation Safety Subcommittee

1601 Parkview Avenue

Rockford, IL 61107-1897

Phone: 815.395.5680 <http://rockford.medicine.uic.edu/Research/research_support_services/>

September 21, 2012

Request for **three** year approval: Beginning and ending .

1. This application is 🞏 New 🞏 Renewal.

2. Name of Principal Investigator:

3. Position Title:

4. Department:

5. Room/laboratory number(s) where radioisotope will be used:

6. Name(s) of individuals working with radioisotopes under this authorization:

7.

|  |  |  |
| --- | --- | --- |
| Radioactive Isotope | Compound | Maximum possession limit |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

8. Radioisotope usage protocol:

9. Describe the methods and precautions which will be used to protect radiation workers:

10. What instruments will be available for radiation monitoring and measurements?

11. Disposal methods:

Radioactive material procured as a result of this application will be used only as specified above and according to guidelines of the radiation safety manual.

Signature of Principal Investigator

Date:

This section is for Radiation Safety Subcommittee Use Only

Approved Not Approved

Protocol Number

Expiration Date

Comments:

Chair, Radiation Safety Subcommittee

Date: