

APPLICATION TO USE RADIOACTIVE MATERIALS OR RADIATION GENERATING EQUIPMENT

Complete this form if you wish to use radioactive materials or radiation generating equipment (fluoroscope, X-ray machine, C-arm unit, mammography unit, or bone densitometer) at the Northeastern Ohio Medical University). Upon approval of the Radiation Safety Committee (RSC), the applicant will be granted "Authorized Investigator" status. Submit the application to researchcompliance@neomed.edu. Allow at least 3 weeks for processing. Only typed/word-processed forms will be accepted.

- 1. Name:** _____ **Degree(s):** _____
- 2. Department:** _____ **Institution:** _____
- Telephone:** _____ **Email:** _____
- 3. Check all that apply** (*complete and attach the "Training and Experience of Authorized Investigators and Users" form*):
- I am applying to use radioactive materials. *Complete items 4, 5, 6, 7, 9, and 10 below.*
- I am applying to use radiation generating equipment (other than scanning or transmission electron microscope). *Complete items 8, 9, and 10 below.*
- 4. If you are applying to use radioactive materials, check the isotopes that will be used (indicate activities in millicuries per year):**
- ^3H Activity (in mCi): _____
- ^{14}C Activity (in mCi): _____
- ^{32}P Activity (in mCi): _____
- ^{35}S Activity (in mCi): _____
- ^{125}I Activity (in mCi): _____
- Other (identify below)
- Isotope: _____ Activity (in mCi): _____
- Isotope: _____ Activity (in mCi): _____
- Isotope: _____ Activity (in mCi): _____

5. If you are applying to use radioactive materials, briefly describe the technique(s) that will be used and the form of the isotope. (Or attach product instructions or journal reprint describing the technique.)

6. If you are applying to use radioactive materials, identify the room where the isotopes will be stored.

7. If you are applying to use radioactive materials, identify the room where the isotopes will be used.

8. If you are applying to use radiation generating equipment, check all units that will be used:

Bone densitometer

C-arm unit

Mammography unit

X-ray/fluoroscopic unit

Other:

9. Identify all Authorized Users who will work under your direction (attach the "Training and Experience of Authorized Investigators and Users" form for each User):

10. _____
Applicant Signature

Date

For Radiation Safety Committee Use only	
Remarks: _____	

_____	_____
Approval Signature	Date
Radiation Safety Committee Chairperson	