UNIVERSITY OF WISCONSIN - MILWAUKEE
DEPARTMENT OF UNIVERSITY SAFETY AND ASSURANCES
RADIATION SAFETY PROGRAM

PROPOSED RADIONUCLIDE USE FORM

Current Date: ______________

INSTRUCTIONS:
This form must be completed (by Principal Investigators) for all grant proposals involving the use of radioactive materials. Please return to Radiation Safety, B14 Lapham, by ____________.

NAME OF PRINCIPAL INVESTIGATOR: ____________________________________________

NAME OF CO-PRIMARY INVESTIGATOR(S) (IF ANY): ________________________________

DEPARTMENT: ___________________________ TELEPHONE: ________________________

TITLE OF PROJECT: ____________________________________________________________

____________________________________________________________________________

I. Are you registered as an Authorized User of Radioactive Materials at the University of Wisconsin - Milwaukee?

YES ___ NO ___(If not, please contact Radiation Safety, Lapham B10, 229-4275.)

II. Will the radionuclides and levels of radioactivity you plan to use in the proposed research project fall within the approved limits of your present authorization?

YES ___ NO ___(If not, please contact Radiation Safety to amend your authorization.)

III. Do you have adequate laboratory facilities to carry out this project?

YES ___ NO ___

IV. Will your research utilize volatile radioiodine, tritium (>10 mCi) or any other radioisotope that requires special accommodations?

YES ___ NO ___

____________________________________________________________________________

SIGNATURE - PRINCIPAL INVESTIGATOR DATE

____________________________________________________________________________

APPROVAL SIGNATURE - RADIATION SAFETY OFFICER DATE