

## PROTOCOL FOR THE USE OF RADIONUCLIDES

Please complete the following form to request the use of radionuclides. Use additional sheets as needed. This form is designed as a PDF document, to be filled out on-line. You may submit completed forms via email to [cindy.hall@uconn.edu](mailto:cindy.hall@uconn.edu) or print and send a hard copy to RADIATION SAFETY, 3102 Horsebarn Hill Rd., U-4097, Storrs, CT 06269-4097. If you are unable to submit an electronic signature on your application, the Cover Page will be returned to you once approved, for your signature. Please keep a copy for your records and mail the original to Radiation Safety.

### I. Applicant Cover Page

**Applicant's Name:** \_\_\_\_\_

**Applicant's Position Title:** \_\_\_\_\_

**Campus Location:** Marine Sciences at Avery Point  
Hartford  
Stamford  
Storrs  
Waterbury

**E-Mail Address:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Building:** \_\_\_\_\_

**Office Room No.:** \_\_\_\_\_ **U-Box:** \_\_\_\_\_ **Telephone No.:** \_\_\_\_\_

**Radionuclide Laboratory Room No(s).** \_\_\_\_\_

**IACUC Number (if applicable):** \_\_\_\_\_

#### Type of Protocol Requesting:

Initial request  
(include statement of training)

Renewal

Amendment to an existing protocol  
(complete amended sections only)

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Signature below affirms that the applicant will comply with the regulations set forth by the Radiation Safety Committee regarding the use of radioactive materials. In case of prolonged absence, termination, relocating of lab facilities, etc., the applicant will inform Radiation Safety.

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**II. RADIONUCLIDE(S) REQUESTED:**

A.	<u>Radionuclide(s)</u>	<u>Maximum Activity On Hand (mCi)</u>	<u>Est. Maximum Activity Purchased in One Year(mCi)</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

B.	<u>Radionuclide(s)</u>	<u>Chemical and/or physical form:</u>
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

C. If material is received as a powder, will it be dissolved in shipping vials?  
N/A    No    Yes    If yes, list radionuclide(s): \_\_\_\_\_

D. Will radionuclides be incorporated in a toxic or hazardous compound?

No	Yes	<u>Radionuclide(s)</u>	<u>Compound(s)</u>
		_____	_____
		_____	_____
		_____	_____
		_____	_____

If the answer is yes, outline the safety precautions in Item VI.

E. Are either of the following to be used:

<b>Infectious viruses</b>	No	Yes	Radionuclide(s): _____
<b>Carcinogenic agents</b>	No	Yes	Radionuclide(s): _____
<b>Other toxic or hazardous substances</b>	No	Yes	Radionuclide(s): _____

If the answer to any is yes, outline deactivation methods and safety precautions in Item VI.

F. Are animals to be used: No Yes Species: \_\_\_\_\_

### III. FACILITIES AND EQUIPMENT FOR HANDLING RADIONUCLIDES

Check the following that apply and provide room number(s) for location of:

**Hood**  
Room Number: \_\_\_\_\_

**Survey Meter**  
Room Number: \_\_\_\_\_  
Detector: (GM, NaI, etc.): \_\_\_\_\_

**Liquid Scintillation Counter**  
Room Number: \_\_\_\_\_

**Gamma Scintillation Counter**  
Room Number: \_\_\_\_\_

**IV. RADIATION SAFETY PROCEDURES**

A. **(Radiation safety procedures shall be conducted in accordance with the Radiation Safety Manual.)**

- Dosimeter Badges and Rings
- Lab Coats
- Disposable Gloves
- Spill Trays
- Waterproof backed absorbent material for bench and floor covering
- Remote Pipette (i.e., no mouth pipetting)
- Appropriate Signs and Labels
- List Shielding Materials (if needed): \_\_\_\_\_
- Other: \_\_\_\_\_

B. Have you made arrangements with Radiation Safety for posting radionuclide laboratory(s) with the required forms and signs in conspicuous places? Yes      No

C. Have you made arrangements with Radiation Safety for obtaining a copy of the University of Connecticut Radiation Safety Manual? Yes      No

D. Are you familiar with the emergency procedures as outlined in the Radiation Safety Manual? Yes      No

E. What plans have you made for handling after-hour emergencies that might involve radioactive contamination? (Use additional sheet if necessary) *Policy: After-Hours Emergency Response.*

F. Will your procedure present potential radiation hazards requiring special attention? Yes No  
If yes, please specify:

G. Is there any possibility of a radioactive gas release? Yes No  
If yes, please specify:

H. What local plans have been made for decontamination in case of accident?

**V. WASTE DISPOSAL**

- A. Do you have a record keeping system that will enable you to document receipt and disposition of radioactive materials? Yes  No
- B. Have you read the Procedures for Handling Radioactive Waste? Yes  No
- C. Have you made arrangements with Radiation Safety to obtain appropriate radioactive waste containers and do you have the proper materials for packing solid and liquid wastes? Yes  No
- D. Have you planned for a record keeping system to enable you to correctly label waste containers as to radionuclide, date and quantity? Yes  No
- E. If using animals, have you made provisions for frozen storage of carcasses prior to pickup by the disposal service? Yes  No  N/A
- F. Provide specific information regarding controlled or uncontrolled release of volatile radioactive waste from experimental procedures: N/A

## **VI. PROPOSED RESEARCH**

Outline proposed research with details on the procedure for handling **each** radionuclide. Include such items as maximum activity to be handled at one time, activity per animal, etc. Elaborate on methods of containing potential releases to air or water. **If additional space is required please continue on the additional sheet provided in Section IX.**

**Radionuclide:**

**Radionuclide:**

**Radionuclide:**

**Radionuclide:**

**Radionuclide:**

**Radionuclide:**





**IX. ADDITIONAL SHEET**

Please use this sheet only if space provided above does not allow for a complete response.