



Radioisotope Use Authorization Application

Last Name:

First Name:

Middle Initial:

Academic Title:

Department:

Index #:

Lab Manager or Contact:

******* Radioisotope Use Locations *******

Building	Room Number	Room Use

******* Project Summary *******

******* Techniques *******

- | | | |
|--|--|---|
| <input type="checkbox"/> Nucleic Acid Sequencing | <input type="checkbox"/> Labeling of Proteins | <input type="checkbox"/> In Vivo Labeling of Microbial Cultures |
| <input type="checkbox"/> Hybridization | <input type="checkbox"/> Labeling of Tissue Cultures | <input type="checkbox"/> In Vivo Animal Studies |
| <input type="checkbox"/> Nick Translation | <input type="checkbox"/> Radioimmunoassays | <input type="checkbox"/> Radioiodination of Proteins |
| <input type="checkbox"/> Protein Isolation | <input type="checkbox"/> In Vitro Animal Studies | <input type="checkbox"/> Other (Please Describe Below) |
| <input type="checkbox"/> Metabolic Studies | <input type="checkbox"/> In Vivo Plant Studies | |

******* Shielding *******

Please indicate all that will be available in the lab:

- | | | |
|--|--|--|
| <input type="checkbox"/> Lucite L Block(s) | <input type="checkbox"/> Lucite Waste Container(s) | <input type="checkbox"/> Lucite box(es) for stock vial storage |
| <input type="checkbox"/> Leaded L Block(s) | <input type="checkbox"/> Leaded Waste Container(s) | <input type="checkbox"/> Leaded box(es) for stock vial storage |
| <input type="checkbox"/> Lead Bricks | <input type="checkbox"/> Lead Foil | <input type="checkbox"/> Other : _____ |

******* Authorized Radioisotope Users *******

Please list all proposed authorized users and submit an Enrollment Form for each:

Have all of the above listed researchers attended UCSD's Basic Radiation Safety Seminar? No Yes

If no, please list the date by which all proposed users will have attended Basic Radiation Safety:

******* Proposed Isotope Use *******

Please list all unsealed isotopes that will be used under this RUA:

Radioisotope	Chemical Form	mCi per Experiment	No. Experiments per Month

Please list all sealed sources that will be used under this RUA:

Radioisotope	Activity (mCi)	Radioisotope	Activity (mCi)	Radioisotope	Activity (mCi)

******* Radiation Detection Equipment *******

Please list all survey meters, liquid scintillation counters, gamma counters, etc. to be used under this RUA:

Make	Model	Serial Number	Calibration Date

***** **Previous Experience** *****

Complete the following table for all isotopes with which the Principal Investigator has at least 40 hours training and experience:

Radioisotope	Chemical Form	mCi per Experiment

Complete the following table for all isotopes with which the Lab Manager or Contact has at least 40 hours training and experience:

Radioisotope	Chemical Form	mCi per Experiment

***** **Signatures** *****

I hereby certify that all information in this statement is true and correct. I have read, understood and will comply with the requirements of UCSD's Radiation Safety Manual.

Submitted By: _____ / ____ / ____
PI Signature Date

Approved By: _____ / ____ / ____
Department Chair Signature Date

***** **Attachments** *****

Please attach the following:

- Curriculum Vitae
- Current award notices for grants that involve radioactive materials