



5. Type of Research {Check type. Please submit separate applications for non-human and human use}:

Non-human Use  Human Use

6.

Iodinations \_\_\_\_\_  *In vivo* \_\_\_\_\_

Chemical Labeling \_\_\_\_\_  *In vitro* \_\_\_\_\_

Uptake Studies \_\_\_\_\_  PET Scanning \_\_\_\_\_

Sealed Sources \_\_\_\_\_  Nuclear Medicine \_\_\_\_\_

Other \_\_\_\_\_

7. Description of Proposed Uses of Radioactive Materials {Briefly summarize protocols for each radionuclide and procedures to be utilized. For human use, include copies of research protocols approved by the Institutional Review Board and/or clinical protocols for routine medical uses. For nonhuman use, describe experimental procedures. If animals or plants are to be used, identify the amounts of radioactivity to be administered, type of organism, and the number of organisms per experiment, per month and per year. Include MSDS's for any hazardous materials used in experimental procedures. Please attach additional sheets as necessary}:

8. Radiation Monitoring Instruments to be Used:

Portable Survey Meters for Direct Monitoring				Laboratory Counting Equipment for Wipe Tests			
Meter(s)				LSC			
Manufacturer:		Model:		Manufacturer:		Model:	
Serial #(s):				Serial #:			
Probe(s)				Gamma Counter			
Manufacturer:		Model:		Manufacturer:		Model:	
Serial #(s):				Serial #:			

9. Radiation Protection Precautions to be Followed. {Give sufficient information about the administrative and engineering controls used to prevent accidental or unnecessary exposure of project personnel, members of the public and patients}:

10. Description of radioactive waste procedures and estimation of annual volumes. {List amounts of dry solids, liquids [both aqueous and hazardous chemicals], liquid scintillation vials/fluids, and animal carcasses. Please address issues such as sterilization of biohazardous agents, volatility of compounds, and/or mixed waste segregation}:

11. Description of radioactive material containment procedures in case of accidents, spills, or releases to the environment {i.e., available spill containment equipment, PPE, evolution of gases or aerosols, or the volatilization of any compounds}:

***I CERTIFY THAT ALL WORK AS DESCRIBED ABOVE WILL BE PERFORMED IN ACCORDANCE WITH ALL FEDERAL AND STATE REGULATORY REQUIREMENTS AND ALL CAMPUS RADIATION SAFETY PROCEDURES.***

\_\_\_\_\_  
Signature of Responsible Principal Investigator

\_\_\_\_\_  
Date

RETURN TO THE RADIATION SAFETY DIVISION, ENVIRONMENTAL HEALTH AND SAFETY  
4600 HEALTH SCIENCES ROAD, UCI CAMPUS, ZOT CODE 2725