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|  | **Methodology Amendment  FORM 2**  **For Radioactive Materials Use in the Basic Sciences** |

**Use this form to add radionuclides and/or new methodologies to an existing authorization.**

Submit the completed and signed original to Laurie Scholl, 001C Safety. For questions, contact Laurie at VA ext. 5753,   
UI 353-5389 or by emailing [laura-scholl@uiowa.edu](mailto:laura-scholl@uiowa.edu).

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| --- | --- | --- | --- | --- |
| **PI Name** |  | **Application #** | |  |
|  |  |  |  | |

**A.** **DESCRIPTION OF USE**

Describe (in one sentence) the purpose for which the radioactive material will be used.

*For example, P-32 ATP will be used to study the structure, function and expression of bacterial genes.*

**B. RADIOACTIVE MATERIALS -** Information must be supplied for all columns listed below

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Radio-  nuclide | Shipment  Limit  (mCi) | On-Hand Limit  (mCi) | Chemical Form | Qty. per Each Use  (mCi) | Ave. Qty.  Used per Month  (mCi) |
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Attach additional pages as necessary.

**C. Will radioactive material be used in live animals or plants?**

No

Yes Name of animal or plant involved in study:

**In addition, contact the Animal Care Unit regarding authorization for animal use at http://www.uiowa.edu/~vpr/research/animal/acu\_****home.htm or 335-7985.**

1. **TRANSPORT BETWEEN AREAS**

Will radioactive material be transported between labs/building on campus?

No

Yes If yes, identify the locations and describe the radioactive material containment and any shielding measures to be employed during transport.

1. **RADIONUCLIDE VOLATILITY**

Is volatility or aerosolization of the radioactive material a possibility?

No

Yes If yes, describe volatility control measures to be used to prevent contamination or inhalation.

**F.** **METHODOLOGY**

List a **detailed** description of the procedure involving the manipulation of radioactive material.

1. **RADIOACTIVE WASTE INFORMATION**

For information concerning radioactive waste disposal consult the EHS's "Waste Management Guide and Procedures Manual" available in your lab, EHS website or contact the EHS's Hazardous Waste Manager, Jim Pyrz at 335-4625.

**PLEASE READ BEFORE SIGNING.**

**Your signature below indicates that you agree to:**

* **Observe all applicable radiation safety regulations and policies cited in the VAMC "Radiation Safety Handbook" Please note that failure to do so is grounds for revocation of your radioactive material use authorization.**
* **Conduct and document appropriate radiation surveys of your facilities at a frequency sufficient to control contamination and maintain exposures as low as reasonably achievable.**
* **Maintain an accurate inventory of the radioactive material in your possession.**
* **Secure your radioactive materials from unauthorized use or removal.**
* **Ensure all personnel listed on your current use authorization receive initial and annual radiation safety training.**

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**Signature - Principal Investigator *Date***

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**Signature - *Radiation Safety Office (RSO use ONLY)* *Date Approved***