

Princeton University: Environmental Health & Safety

APPLICATION TO AMEND RADIOISOTOPE AUTHORIZATION

Date

For EHS Use:
Application #

Applicant		Position or Title	
Office (Bldg/Room)	Phone	Department	
Lab Manager or Contact			Lab Phone

Please check the reasons for which you are requesting an amendment (check all that apply):

	1. Increase or decrease in a possession limit		4. Use of a new experimental protocol
	2. Change in location of radioisotope use/storage		5. Add <i>in vivo</i> or <i>in vitro</i> use of animals
	3. Change in the radioisotope chemical/physical form		

1. Change in possession limit

Provide information about the possession limits you wish to amend:

Auth. Number	Isotope	Current Limit (mCi)	New Limit (mCi)	Auth. Number	Isotope	Current Limit (mCi)	New Limit (mCi)

2. Change in Location

Provide information about the locations you wish to amend :

Authorization Number	Isotope	Locations to Add	Locations to Delete

See reverse side

3. Change in Physical or Chemical Form

Provide information about changes in physical or chemical form :

Authorization Number	Isotope	New physical form	New chemical form

4. Change in Experimental Protocol

For procedures not previously authorized, attach a separate sheet of paper, listing the authorization number(s) and radioisotope(s) involved, and describe the type of procedure to be performed (e.g., metabolic labeling, iodination, tissue culture work, sequencing, etc.). Provide sufficient detail for Radiation Safety Committee evaluation.

5. Use of Animals

If animals or animal tissues will be used in the work, complete EHS-HP Form 70c, " Animal Protocol Supplement."

Certification: *I certify that the work carried out under this authorization amendment will be performed in accordance with the regulations of all applicable licensing authorities, the rules contained in the Princeton University Radiation Safety Guide, and any conditions imposed on these authorizations by the Radiation Safety Committee. I will submit another "Application to Amend Radioisotope Authorization" (EHS-HP Form 70d) if I plan any substantial changes from the work described in this amendment application.*

Applicant's Signature	Date
Acknowledgement by Departmental Safety Manager	Date
Approval by Radiation Safety Officer or Asst. RSO	Date

For Radiation Safety Committee use: Approved Disapproved

Remarks and Conditions:

RSC Member Signature: _____ Date: _____