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# Institutional Animal Care and USe Committee

# Animal Subjects Research Appendix i: RADIATION

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| **APPENDIX I: RADIATION MATERIALS** | | | | | | | | | |
| This appendix must be filled out for all protocols involving the usage of radioactive materials.  Last Edited March 5th, 2014 | | | | | | | | | |
| The principal investigator/instructor (PI) is responsible for insuring that all special requirements for personal protective equipment (PPE), agent handling/containment, and waste disposal are conducted in accordance with the provisions set forth in an approved application and that the procedures described in this animal use protocol comply with all applicable USM, state, and federal regulations governing the possession and/or use of radioisotopes and ionizing radiation. IACUC approval shall be withheld until the PI has an approved application to work with the listed isotope(s) and the RSO has determined the animal protocol procedures/practices described herein are in full compliance with USM’s Institutional NRC license (see Vice President for Research website).  This appendix and all relevant information of this animal protocol have been reviewed for RSC compliance. By typing my name below, I hereby assure that the procedures/practices described are in accordance with the PI’s approval to work with the items listed.    **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Radiation Safety Officer Date** | | | | | | | | | |
| Radioactive Isotope Application Number: | | | | | | Authorized User: | | | |
| **List all Isotopes that will be used in the table below.** | | | | | | | | | |
| **Radioactive Material/Ionizing Radiation** | | **Activity** | | | | | | | **Quantity** |
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| Location radioactive materials/ionizing radiation will be used: | | | | | | | | | |
| **Indicate the dosage regimen for each isotope and briefly describe administration procedures in the table below.** | | | | | | | | | |
| **Radioactive Material/Ionizing Radiation** | **Concentration** | | **Dosage** | **Route/Site** | | | **Frequency** | **Detail Method of Administration** | |
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| Describe all required personal protective equipment: | | | | | List personnel responsible for monitoring procedures: | | | | |
| Briefly explain how contaminated consumables, equipment, carcasses, bedding, urine, feces, etc. will be handled and disposed of: | | | | | | | | | |