



MIDDLE TENNESSEE STATE UNIVERSITY
APPLICATION FOR AUTHORIZATION TO USE RADIOACTIVE MATERIAL

<input type="checkbox"/> New <input type="checkbox"/> Amendment <input type="checkbox"/> Renewal <input type="checkbox"/> Transfer		Official use only: Decision: _____ Authorization number: _____				
Principal Investigator: (Last name)		(First)		M.I.	Degree:	
(Building)		(Department)		(Room #)		P.O. Box
Address: (Street)				(City)	(state)	(zip code)
Campus Telephone #	Cell phone #	Fax #		Email address:		
				Alternative email address:		
LABORATORY / STORAGE	Building(s)			Laboratory Room Number(s)		
RADIOISOTOPE	Isotope	Estimated activity per procedure (mCi)	Max. purchased Qty. (mCi)	Max. activity in possession (mCi)	Chemical / Physical Form	Half life

AU EXPERIENCE	Isotope	Max. amount used (mCi)	Name of Institution Procedure(s)	Date(s) chronological	
				From	TO

PROCEDURES	<p>Include a detailed description of proposed use of each radionuclide. Attach a detailed procedure with the application.</p>
	<div style="border: 1px solid black; height: 500px; width: 100%;"></div>

LAB WORKER(S) USING RAM	Name: (Last , First M.I.)		Degree(s)		Radiation Safety Training		Experience with RAM		
					Yes <input type="checkbox"/> No <input type="checkbox"/>		From	To	
					Yes <input type="checkbox"/> No <input type="checkbox"/>				
					Yes <input type="checkbox"/> No <input type="checkbox"/>				
					Yes <input type="checkbox"/> No <input type="checkbox"/>				
RAM DETECTION INSTRUMENT	Make	Model		Serial Number		Probe		Serial Number	
ADDITIONAL INFORMATION								Yes	No
	Does protocol require the use of radioactive material in animals? If YES , attach the submitted protocol approved by MTSU's IACUC Committee.							<input type="checkbox"/>	<input type="checkbox"/>
	Does protocol require the use of biohazard material?							<input type="checkbox"/>	<input type="checkbox"/>
	Does protocol require the mixture of radioactive material and hazardous chemicals?							<input type="checkbox"/>	<input type="checkbox"/>
	Does the protocol require the use of X-ray Equipment or Electron Microscope?							<input type="checkbox"/>	<input type="checkbox"/>
	Will sealed sources be used under this authorization?							<input type="checkbox"/>	<input type="checkbox"/>
	Will gas chromatography sources containing radioactive material be used under this authorization?							<input type="checkbox"/>	<input type="checkbox"/>
	If YES to any of the above, please attach appropriate documents.								

IODINATION	COMPLETE THIS SECTION IF IODINATIONS WILL BE PERFORMED UNDER THIS AUTHORIZATION OR IF ANY CONTAINER OF RADIOIODINATED COMPOUNDS POSSESSED UNDER THIS AUTHORIZATION WILL CONTAIN FIVE (5) MILLICURIES OR MORE OF IODINE-125.			
	MAX. Activity per container (mCi)	Physical Form	Chemical Form	Location
<ul style="list-style-type: none"> • Use of a central iodination laboratory? YES <input type="checkbox"/> No <input type="checkbox"/> If Yes, please attach written authorization for use from the Department Chair. • Attach a copy of iodination procedure that will be followed including an estimate of the typical tagging efficiency that is expected. • Attach a list of every individual who will be performing iodination or who will be handling any container with one (1) millicuries or more of any radio iodinated substance. 				
SIGNATURE	Authorized User I have received, read, understand, and agree to follow the requirements of the Middle Tennessee State University's Radiation Safety Manual. <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature </div> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date </div> </div>			
	Department Chair I have read, understand and agree to the waste disposal financial requirements (<i>Chapter 1 Section 3.8(4) and Chapter 1 Section 3.10</i>) stated in the Middle Tennessee State University's Radiation Safety Manual. <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature </div> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date </div> </div>			

Instruction:

- Approval is required for the use of any radioactive material on the ground of Middle Tennessee State University.
- Individual who is responsible for all use of radioactive material or procurement is regarded as the **Authorized User**. This individual is required to fill out and sign the “APPLICATION FOR AUTHORIZATION TO USE RADIOACTIVE MATERIAL” form. t
- Only members of the Academic Faculties will be approved as an Authorized user of radioactive material.
- Name of individual who will be responsible for ensuring the safe use of radioactive material in the absence of the Authorized user must be included in the application.
- List each individual who will be working with radioactive material under the supervision of the Authorized user. A completed statement of training and experience must be attached for each individual.
- Each individual working with radioactive material **MUST** complete Middle Tennessee State University’s Radiation Safety Training course before the use of licensed material.
- List each physical place where radioactive material will be used or stored under each Authorized user. This should include the building(s) and room number(s).
- Please include a detailed copy of all protocol, procedures and financial assurance.
- Include a detailed description of laboratory radiation safety. This should include survey program, spill control, ALARA, dosimetry and waste program.
- The application can only be signed by the “Authorized User”