

THE UNIVERSITY OF CHICAGO
APPLICATION TO AMEND AUTHORIZATION FOR NON-HUMAN USE
OF RADIOACTIVE MATERIAL



REQUEST FOR APPROVAL FROM THE UNIVERSITY OF CHICAGO COMMITTEE ON
RADIATION SAFETY TO USE RADIOACTIVE MATERIAL UNDER LICENSES ISSUED TO THE
UNIVERSITY BY THE ILLINOIS EMERGENCY MANAGEMENT AGENCY, DIVISION OF NUCLEAR SAFETY

OFFICE OF RADIATION SAFETY (ORS) · 5841 SOUTH MARYLAND AVENUE · AMB ROOM M031A
Phone Number: (773) 702-6299 / Fax Number (773) 702-4008
Website Address: <http://safety.uchicago.edu/>

This application and any attachments must be typewritten · Do not write on reverse side of the application

ORS Form A2 (1/08)

Protocol # (ORS Use Only)	Amendment # (ORS Use Only)	Expiration Date (ORS Use Only)
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Applicant	Last	First	MI.	Title
Office (Bldg/Room)			Phone:	Department
Lab Designee				Lab Phone

Please check the reasons for which you are requesting an amendment. **Note: If the change you are requesting does not fit one of these criteria below, please complete and submit an Application For Non-Human Use of Radioactive Material.**

<input type="checkbox"/> 1. Increasing or decreasing current possession limit	N/A 5. Use of Animal (see below)
<input type="checkbox"/> 2. Change location of radioisotope use/storage	N/A 6. Adding new radioactive material users (see below)
<input type="checkbox"/> 3. Changing radionuclide chemical/physical form	N/A 7. Adding new radionuclides to authorization (see below)
N/A 4. Modifications in experimental procedures and new experimental procedures (see below)	

1. Increasing or decreasing current possession limit

Isotope	Current Monthly Order Limit (mCi)	New Monthly Order Limit (mCi)

2. Change location of radionuclide use and/or storage

Building	Room	Check Appropriate Box	Lab	Cold Room	Storage	Waste Room	Other
		<input type="checkbox"/> Add <input type="checkbox"/> Delete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> Add <input type="checkbox"/> Delete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> Add <input type="checkbox"/> Delete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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3. Changing chemical form or physical form

Isotope	New Chemical Form	New Physical Form ¹	Monthly Order Limit (mCi)

¹ Physical Form – **Solid (S), Liquid Aqueous (LA), Liquid Organic (LO), Gas (G), or Sealed Source (SS)**

4. Modifications in experimental procedures or new experimental procedures

If you are modifying your experimental procedure or adding a new experimental procedure, please complete and submit an **Application For Non-Human Use of Radioactive Material**.

5. Use of animals

If you are using animals, please complete the **Animal Care and Use Protocol Submission Forms (Supplement R)**. This application can be obtained from the Institutional Animal Care and Use Committee. The e-mail address for the Animal Care and Use Protocol Submission Forms is: <http://ors.bsd.uchicago.edu/IACUC/>. Click on IACUC forms or contact IACUC Administrator at 2-9203 if you have questions.

6. Change in radiation user(s)

If you are adding a new user(s), please complete a **New User Amendment and Training Certification Form**.

7. Adding new radionuclides to authorization

If you wish to add radioisotope(s) to your authorization, please complete and submit **Application For Non-Human Use of Radioactive Material**.

Exception: If you are authorized for P32 and wish to apply for P33 use, complete Section 3.

Principal Investigator Certification

Radioactive material obtained under this amendment application will be used only as described above except when the University Radiation Safety Committee has been given advance written notice of changes and has approved such changes. Procedures described in the **University Radiation Safety Manual** will be followed. I understand that approval, if granted, will expire on the date stamped on the initial application and that approval may be withdrawn at any time.

Signature of Applicant: _____	Date: _____
Radiation Safety Officer: _____	Date: _____
Committee Decision: _____	Date: _____