

Radioactive Experimental Use Authorization Form

To be completed by Principal Investigator:

Radioisotope			Chemical Form				
Experimental Description							
(attach additional forms if necessary)							
Quantity (in μ	Ci or mCi)						
Frequency			(circl	e one) week/month/year			
Principal Inv	estigator						
Persons Invo	olved						
Waste Disposal Techniques							

To be completed by the RSO:

Items required beyond safety glasses, gloves, lab coat:

		WB Badge		Ring Badge		Other PPE			
	Additional PPE:								
	Shield	aing:							
Principal Investigator:				Date:					
RSO Signature:				Date:					