



**AUTHORIZATION FOR RADIOACTIVE MATERIAL EXPERIMENTS IN ANIMAL CARE FACILITIES  
University Animal Care (UAC) – Research Laboratory & Safety Services (RLSS)**

This form must be submitted to UAC 7 days prior to start date for radioactive materials studies conducted in UAC.  
UAC and RLSS approval are required BEFORE an experiment can start.

RLSS will notify the Approval Holder when approval for the UAC rooms has been granted.

**General Information:**

Approval Holder: \_\_\_\_\_ AH# \_\_\_\_\_ Office Phone: \_\_\_\_\_

Principle Investigator: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Principle Technician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

IACUC Control #: \_\_\_\_\_ RLSS Protocol #: \_\_\_\_\_

Room Use Start Date: \_\_\_\_\_ Room Use End Date: \_\_\_\_\_

UAC room number(s) to be added to the approval: \_\_\_\_\_

- **Immediately notify RLSS & UAC of any changes in dates or if the experiment ends early. Rooms will be closed out and removed from your approval on the end given end date.**
- **After use and monthly radioactive contaminations surveys must be performed and records kept on file for all approved UAC rooms.**

**Radionuclide & Animal Information:** Radionuclide: \_\_\_\_\_

Animal Species: \_\_\_\_\_ # Animals: \_\_\_\_\_ # Cages: \_\_\_\_\_ Cage Type: \_\_\_\_\_

Administration Method: \_\_\_\_\_ Administration Frequency: \_\_\_\_\_

Max. Activity per Animal per Admin.: \_\_\_\_\_  mCi  µCi # Admin. per Animal: \_\_\_\_\_

Will radioactive animals or materials be moved to other labs?  Yes  No If Yes, explain? \_\_\_\_\_

Is disposal for excreta, bedding, and carcasses done through normal UAC/RLSS procedures?  Yes  No If no, explain the procedure: \_\_\_\_\_

**Biohazard Considerations:** Identify biohazardous agent(s): \_\_\_\_\_

Pathogen  Carcinogen  Toxic Chemical(s)  Other: \_\_\_\_\_ Biohazard:  BL1  BL2  BL3

Identify which may be contaminated:  Urine  Feces  Skin  Expired air

Describe specific biohazard precautions: \_\_\_\_\_

**Approval Holder Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**University Animal Care:** Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

**RLSS:** Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

**For RLSS Use Only:**

Close Out Survey Performed by: \_\_\_\_\_ Date: \_\_\_\_\_  Wipes  Instrument #: \_\_\_\_\_

Results:  no contamination found  contamination found \_\_\_\_\_

UAC authorized to remove RLSS postings by: \_\_\_\_\_ Date: \_\_\_\_\_ UAC Contacted: \_\_\_\_\_