

**AUTHORIZATION FOR RADIOACTIVE MATERIAL EXPERIMENTS IN ANIMAL CARE FACILITIES  
(RC-015)**

**University Animal Care (UAC) – Radiation Control Office (RCO)**

This form must be submitted to UAC 7 days prior to start date for radioactive materials studies conducted in UAC.  
UAC and RCO approval are required BEFORE an experiment can start.  
RCO 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 #: \_\_\_\_\_ RCO Protocol #: \_\_\_\_\_

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

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

- **Immediately notify Radiation Control & 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/RCO 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: \_\_\_\_\_

**Radiation Control Office:** Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

**For Radiation Control Office Use Only:**

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

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

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