

# OREGON HEALTH & SCIENCE UNIVERSITY

## RADIOACTIVE MATERIALS LICENSE APPLICATION

When completed:

**1. NAME OF RESPONSIBLE USER** (ie. Principal Investigator, Laboratory Director, or Senior Clinician who is to be licensed):

Last		First		Middle		Degree	
Phone		FAX		Email			
Department Name			Mail Code		Location of Admin Office		

**2. RADIOACTIVE MATERIAL** (Use this section to describe the following parameters of your research)

Radionuclide	Chemical Form	Physical Form	Total Possession Limit (mCi)

**3. PURPOSE AND USAGE RATE** (Briefly describe the purpose and usage rate for each radionuclide.)

Radionuclide	Frequency (per week or month)	Max use per experiment (mCi)	Purpose*	Patient Samples	Research

Will live animals be used for radioactive material research?

If yes, complete the OHSU Radionuclides in Animals form, available on the Radiation Safety website.

Will any procedures form a volatile product, which could cause an airborne release of radionuclide?

If yes, describe the protocol and protective measures below:

**4.a. TRAINING OF INDIVIDUAL NAMED IN ITEM 1** (Including applicable preceptor statements and board certification notice(s).)

	Where	When	Training Method
Principles and Practices of radiation protection			
Radioactivity and instruments			
Biological effects of radiation			

**4.b. EXPERIENCE WITH RADIATION** (Actual use of radionuclides, equivalent experience)

Radionuclide	Maximum Amount (mCi)	Where experience was gained	Dates of experience	Type of use



