

## DREXEL UNIVERSITY DREXEL UNIVERSITY COLLEGE OF MEDICINE

Application for Possession and Use of Radioactive Materials in Basic Research Supplement for Laboratory Animal Uses

Authorized User Identification
Name First MI Last
Radioactive Material Type and Quantity
Radionuclide Chemical compound:
Activity administered per animal
Number of animals administered radioactive material
Number of administrations per animal:
Administration to Animals
Animal species (e.g., rat, mouse):
Describe administration method (e.g, IV injection into tail vein):
Will animals be anesthethized for administration? Yes No
If no, how will animals be restrained for administration?
Biodistribution, Metabolism, Elimination
Which of the following are likely to be radioactive (check all that apply):  Sweat / skin oils Saliva / venom Blood or other body fluid
Which organs or tissues are radioactivity likely to accumulate or concentrate?
Briefly describe the expected pharmacokinetics (e.g., biological half-time):
Will the animals be euthanized Yes No
If yes, how?
How long will animals survive after administration?
How will carcasses be disposed?
Locations
Where will administration occur:
Animal Facility where (e.g. cage room, surgical suite)
My Laboratory
Other (describe arrangements)
Will animals remain at this location until euthanasia? Yes No, animals will not be euthanized
If no, how long will animals remain at this location before returning to animal facility?
Animals will be moved to: Animal facility Other:
How much radioactive material will remain in each animal when moved?

Animal Care and Precautions			
Who will care for animals after administration?	Animal facility staff	Lab staff	n/a (i.e., animals sacrificed)
If lab staff, describe weekend/holiday arran	gements for animal care	:	
How will these			
animals be identified as radioactive?			
What type of cages will be used (e.g., metabolic, disposable)?			
Describe procedures cleaning and decontaminati	ing cages:		
Describe procedure for surveying cages prior to r	returning them for genera	al use:	
Describe procedure for removal of potentially rad	lioactive bedding, leftover	r food, etc.:	
Describe special precautions necessary to care f	or these animals		

What is the status of IACUC approval?  Not submitted Submitted, pending committee action Approved pending Radiation Safety approval Approved with pending conditions Rejected.  Signature:  Date:	Describe procedure for surveying and decontaminating animal housing area for release to unrestricted	l use:	
In case of animal bite, personnel know to instruct medical personnel that wound may be radioactive:  Yes No In case of animal bite, personnel know to contact or have someone contact the RSO immediately:  Yes No Institutional Animal Care and Use Committee Status  What is the status of IACUC approval?  Not submitted Submitted, pending committee action Approved pending committee action Approved with pending conditions Rejected.  Signature:  Date:			
In case of animal bite, personnel know to instruct medical personnel that wound may be radioactive:  Yes No In case of animal bite, personnel know to contact or have someone contact the RSO immediately:  Yes No Institutional Animal Care and Use Committee Status  What is the status of IACUC approval?  Not submitted Submitted, pending committee action Approved pending committee action Approved with pending conditions Rejected.  Signature:  Date:			
In case of animal bite, personnel know to instruct medical personnel that wound may be radioactive:  Yes No In case of animal bite, personnel know to contact or have someone contact the RSO immediately:  Yes No Institutional Animal Care and Use Committee Status  What is the status of IACUC approval?  Not submitted Submitted, pending committee action Approved pending committee action Approved with pending conditions Rejected.  Signature:  Date:			
In case of animal bite, personnel know to instruct medical personnel that wound may be radioactive:  Yes No In case of animal bite, personnel know to contact or have someone contact the RSO immediately:  Yes No Institutional Animal Care and Use Committee Status  What is the status of IACUC approval?  Not submitted Submitted, pending committee action Approved pending committee action Approved with pending conditions Rejected.  Signature:  Date:			
In case of animal bite, personnel know to instruct medical personnel that wound may be radioactive:  Yes No In case of animal bite, personnel know to contact or have someone contact the RSO immediately:  Yes No Institutional Animal Care and Use Committee Status  What is the status of IACUC approval?  Not submitted Submitted, pending committee action Approved pending committee action Approved with pending conditions Rejected.  Signature:  Date:			
In case of animal bite, personnel know to instruct medical personnel that wound may be radioactive:  Yes No In case of animal bite, personnel know to contact or have someone contact the RSO immediately:  Yes No Institutional Animal Care and Use Committee Status  What is the status of IACUC approval?  Not submitted Submitted, pending committee action Approved pending committee action Approved with pending conditions Rejected.  Signature:  Date:			
In case of animal bite, personnel know to instruct medical personnel that wound may be radioactive:  Yes No In case of animal bite, personnel know to contact or have someone contact the RSO immediately:  Yes No Institutional Animal Care and Use Committee Status  What is the status of IACUC approval?  Not submitted Submitted, pending committee action Approved pending committee action Approved with pending conditions Rejected.  Signature:  Date:			
In case of animal bite, personnel know to instruct medical personnel that wound may be radioactive:  Yes No In case of animal bite, personnel know to contact or have someone contact the RSO immediately:  Yes No Institutional Animal Care and Use Committee Status  What is the status of IACUC approval?  Not submitted Submitted, pending committee action Approved pending committee action Approved with pending conditions Rejected.  Signature:  Date:			
In case of animal bite, personnel know to instruct medical personnel that wound may be radioactive:  Yes No In case of animal bite, personnel know to contact or have someone contact the RSO immediately:  Yes No Institutional Animal Care and Use Committee Status  What is the status of IACUC approval?  Not submitted Submitted, pending committee action Approved pending committee action Approved with pending conditions Rejected.  Signature:  Date:			
In case of animal bite, personnel know to instruct medical personnel that wound may be radioactive:  Yes No In case of animal bite, personnel know to contact or have someone contact the RSO immediately:  Yes No Institutional Animal Care and Use Committee Status  What is the status of IACUC approval?  Not submitted Submitted, pending committee action Approved pending committee action Approved with pending conditions Rejected.  Signature:  Date:			
In case of animal bite, personnel know to instruct medical personnel that wound may be radioactive:  Yes No In case of animal bite, personnel know to contact or have someone contact the RSO immediately:  Yes No Institutional Animal Care and Use Committee Status  What is the status of IACUC approval?  Not submitted Submitted, pending committee action Approved pending committee action Approved with pending conditions Rejected.  Signature:  Date:			
In case of animal bite, personnel know to contact or have someone contact the RSO immediately:  Yes No  Institutional Animal Care and Use Committee Status  What is the status of IACUC approval?  Not submitted Submitted, pending committee action Approved pending Radiation Safety approval Approved with pending conditions Rejected.  Date:	Describe arrangements to train animal caretakers regarding radioactive hazards associated with this	project:	
In case of animal bite, personnel know to contact or have someone contact the RSO immediately:  Yes No  Institutional Animal Care and Use Committee Status  What is the status of IACUC approval?  Not submitted Submitted, pending committee action Approved pending Radiation Safety approval Approved with pending conditions Rejected.  Date:			
In case of animal bite, personnel know to contact or have someone contact the RSO immediately:  Yes No  Institutional Animal Care and Use Committee Status  What is the status of IACUC approval?  Not submitted Submitted, pending committee action Approved pending Radiation Safety approval Approved with pending conditions Rejected.  Date:			
In case of animal bite, personnel know to contact or have someone contact the RSO immediately:  Yes No  Institutional Animal Care and Use Committee Status  What is the status of IACUC approval?  Not submitted Submitted, pending committee action Approved pending Radiation Safety approval Approved with pending conditions Rejected.  Date:			
In case of animal bite, personnel know to contact or have someone contact the RSO immediately:  Yes No  Institutional Animal Care and Use Committee Status  What is the status of IACUC approval?  Not submitted Submitted, pending committee action Approved pending Radiation Safety approval Approved with pending conditions Rejected.  Date:			
In case of animal bite, personnel know to contact or have someone contact the RSO immediately:  Yes No  Institutional Animal Care and Use Committee Status  What is the status of IACUC approval?  Not submitted Submitted, pending committee action Approved pending Radiation Safety approval Approved with pending conditions Rejected.  Date:			
In case of animal bite, personnel know to contact or have someone contact the RSO immediately:  Yes No  Institutional Animal Care and Use Committee Status  What is the status of IACUC approval?  Not submitted Submitted, pending committee action Approved pending Radiation Safety approval Approved with pending conditions Rejected.  Date:			
In case of animal bite, personnel know to contact or have someone contact the RSO immediately:  Yes No  Institutional Animal Care and Use Committee Status  What is the status of IACUC approval?  Not submitted Submitted, pending committee action Approved pending Radiation Safety approval Approved with pending conditions Rejected.  Date:			
In case of animal bite, personnel know to contact or have someone contact the RSO immediately:  Yes No  Institutional Animal Care and Use Committee Status  What is the status of IACUC approval?  Not submitted Submitted, pending committee action Approved pending Radiation Safety approval Approved with pending conditions Rejected.  Date:			
In case of animal bite, personnel know to contact or have someone contact the RSO immediately:  Yes No  Institutional Animal Care and Use Committee Status  What is the status of IACUC approval?  Not submitted Submitted, pending committee action Approved pending Radiation Safety approval Approved with pending conditions Rejected.  Date:	In case of animal hite, personnel know to instruct medical personnel that wound may be radioactive:	Yes	No
Institutional Animal Care and Use Committee Status  What is the status of IACUC approval?  Not submitted Submitted, pending committee action Approved pending Radiation Safety approval Approved with pending conditions Rejected.  Signature:  Date:			
Not submitted Submitted, pending committee action Approved pending Radiation Safety approval Approved with pending conditions Rejected.  Signature:  Date:	Institutional Animal Care and Use Committee Status		
Submitted, pending committee action Approved pending Radiation Safety approval Approved with pending conditions Rejected.  Signature:  Date:	What is the status of IACUC approval?		
Approved with pending conditions Rejected.  Signature:  Date:			
Signature: Date:			
	Rejected.		
	Ciematura		
My name in the aigneture anges about constitutes my signature on this decreesest	My name in the signature space above constitutes my signature on this document.		