



DREXEL UNIVERSITY
DREXEL UNIVERSITY COLLEGE OF MEDICINE

Application for Possession and
Use of Radioactive Materials in Basic Research
Supplemental Sheet for Additional Isotopes or Chemical Forms

Identification

Name First MI Last

Radioactive Material

Radionuclide 1 Chemical Form:

Physical Form: gas liquid sealed source plated source other solid

For sealed or plated source: Mfg/model: Device mfg/model:

For other solid describe source (e.g., powder, activated metal):

Activity per order

Order frequency

Activity per experiment

Experiment frequency

Maximum amount in lab at one time (including in waste):

Describe the **laboratory procedures**.

Have you performed these procedures previously: yes no

Radionuclide 2 Chemical Form:

Physical Form: gas liquid sealed source plated source other solid

For sealed or plated source: Mfg/model: Device mfg/model:

For other solid describe source (e.g., powder, activated metal):

Activity per order

Order frequency

Activity per experiment

Experiment frequency

Maximum amount in lab at one time (including in waste):

Describe the **laboratory procedures**.

Have you performed these procedures previously: yes no

If these procedures involve administration of radioactive material to animals, complete the Animal Use Questionnaire. If you are applying for additional isotopes or additional chemical forms, complete the supplemental isotope form (a simplified copy of this page). Very similar chemical forms can be grouped together, e.g., nucleotide tri-phosphates.

Signature:

Date:

My name in the signature space above signifies my signature on this document.