

**DIVISION OF RADIATION SAFETY (DRS)  
LABORATORY PROTOCOL APPLICATION**

**New Protocols**

For new protocols, complete all portions of the attached application form. Send completed applications to:

**Division of Radiation Safety  
Building 21, Room 116**

If changes (e.g., location, personnel, procedures) to the approved protocol become necessary during the year, a written amendment request must be submitted and approved before any such changes take place. It is essential that the Division of Radiation Safety protocol records be kept current.

***Note: When the protocol is finalized and approved, a copy will be sent to you with the approval memorandum. You should retain this copy in your files for reference and to facilitate revisions when renewal of the protocol is required.***

**Protocol Renewal**

For renewal of an expiring protocol you must update the first page of the application with any revisions in personnel, locations or nuclides and **you must update Sections A, B and C in accordance with the instructions attached.**

***Note that any special requirements established during the last review of the protocol must be incorporated into the body of the renewal application. If the requirements are not incorporated into the renewal Sections A, B, and C, the application will be considered incomplete and returned without approval.***

If you have any questions on the application process, contact the Health Physicist assigned to your area by calling 301-496-5774.

# APPLICATION FOR RADIATION SAFETY LABORATORY PROTOCOL

PROTOCOL NUMBER: \_\_\_\_\_

APPLICATION FOR (circle one):                      NEW PROTOCOL                      RENEWAL                      REACTIVATION                      AMENDMENT

AUTHORIZED USER(S):

Name \_\_\_\_\_ DRS ID # \_\_\_\_\_ Bldg \_\_\_\_\_ Rm \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ DRS ID # \_\_\_\_\_ Bldg \_\_\_\_\_ Rm \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ DRS ID # \_\_\_\_\_ Bldg \_\_\_\_\_ Rm \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ DRS ID # \_\_\_\_\_ Bldg \_\_\_\_\_ Rm \_\_\_\_\_ Phone \_\_\_\_\_

LOCATION(S) OF PROTOCOL WORK:

BLDG \_\_\_\_\_ ROOM(S) \_\_\_\_\_ BLDG \_\_\_\_\_ ROOMS \_\_\_\_\_

Radionuclide \_\_\_\_\_ Compound \_\_\_\_\_ Maximum Activity Per Experiment \_\_\_\_\_ mCi

Radionuclide \_\_\_\_\_ Compound \_\_\_\_\_ Maximum Activity Per Experiment \_\_\_\_\_ mCi

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Radionuclide \_\_\_\_\_ Compound \_\_\_\_\_ Maximum Activity Per Experiment \_\_\_\_\_ mCi

INDIVIDUALS WHO WILL PARTICIPATE IN PROTOCOL:

Name \_\_\_\_\_ DRS, ID # \_\_\_\_\_                      Name \_\_\_\_\_ DRS, ID # \_\_\_\_\_

Name \_\_\_\_\_ DRS, ID # \_\_\_\_\_                      Name \_\_\_\_\_ DRS, ID # \_\_\_\_\_

Name \_\_\_\_\_ DRS, ID # \_\_\_\_\_                      Name \_\_\_\_\_ DRS, ID # \_\_\_\_\_

Name \_\_\_\_\_ DRS, ID # \_\_\_\_\_                      Name \_\_\_\_\_ DRS, ID # \_\_\_\_\_

Name \_\_\_\_\_ DRS, ID # \_\_\_\_\_                      Name \_\_\_\_\_ DRS, ID # \_\_\_\_\_

Name \_\_\_\_\_ DRS, ID # \_\_\_\_\_                      Name \_\_\_\_\_ DRS, ID # \_\_\_\_\_

**Please provide information requested in Sections A through C below, then sign and date Section D.**

**A. Experimental Procedure**

Briefly describe the chemical reactions and procedures involved in the protocol work, including physical manipulations such as centrifugation, scraping of TLC plates, freeze-drying, incubation, etc. Concentrate on those factors that relate to potential external and/or internal radiation exposure due to increased risk of dispersal, volatilization or other factors. Specify the radionuclide(s) and quantities (amount of activity) utilized in different phases of the experiment. Indicate the expected frequency of protocol work, e.g. per month or year. Justify the need for the types and quantities of radionuclide(s) requested.

**B. Facilities and Equipment**

Indicate which phases of the protocol work will be performed in each room listed on the first page of the application. Also, specify where source vials will be stored, and indicate where the equipment (refrigerator, centrifuge, incubator, etc.) associated with the protocol work is located. **List only those rooms in which protocol quantities of radioactive material will be used or stored.**

**C. Radiation Safety Precautions**

The Division of Radiation Safety has developed standard requirements for protocols for a number of radionuclides. If your protocol fits into one of these categories, standard requirements will be included with your application. Document any additional precautions specific to your protocol, e.g., procedures for disposing of multi-hazard waste, in Section C and submit the entire package to DRS in building 21, room 116. Call 301-496-5774 for a copy of the requirements if one was not included with your application form.

If standard requirements do not apply to your protocol, address all radiation safety precautions (e.g., contamination monitoring, bioassay requirements, labeling requirements, waste disposal procedures, etc.) for your protocol in Section C.

**D. Certification**

Note that by signing below, each Authorized User agrees to comply with all requirements in the application, including any standard requirements provided by the Division of Radiation Safety. Only those persons listed on the first page of the application are permitted to work with protocol types and quantities of radionuclides. Any change in location of work, personnel, or experimental procedures must be submitted in writing to the Radiation Safety Officer for review and approval.

Note also that failure to comply with the provisions detailed in this protocol as approved by the Radiation Safety Committee, or the radiation safety rules and procedures of the NIH and the U.S. Nuclear Regulatory Commission, may result in suspension of the protocol.

Upon approval, only the Authorized Users who sign below will be permitted to order and receive radionuclides for work under this protocol.

**SIGNATURES:**

AUTHORIZED USER \_\_\_\_\_ DATE \_\_\_\_\_

AUTHORIZED USER \_\_\_\_\_ DATE \_\_\_\_\_

AUTHORIZED USER \_\_\_\_\_ DATE \_\_\_\_\_

AUTHORIZED USER \_\_\_\_\_ DATE \_\_\_\_\_

**E. Comments and Recommendations of Division of Radiation Safety Health Physicists**

**F: Additional Requirements of the Division of Radiation Safety and/or the NIH Radiation Safety Committee:**