

RSO AU# \_\_\_\_\_  
 Amendment No \_\_\_\_\_

**UNIVERSITY OF PITTSBURGH**  
**"REQUEST FOR AMENDMENT TO AUTHORIZATION TO USE**  
**RADIONUCLIDES" Form RSO - 313A 6/11**

The form must be typed or printed plainly. Send one completed form to the Radiation Safety Office, 3500 5th Ave, Suite 400, University of Pittsburgh. Retain a copy for your records.

If radionuclides are to be administered to humans, **FORM RSO 313-M** must be submitted to the Subcommittee on Human Use of Radioisotopes and Radioactive Drug Research.

### 1. APPLICANT IDENTIFICATION

|                        |           |
|------------------------|-----------|
| Name:                  |           |
| Department:            |           |
| Office Location: Room: | Building: |
| Office Phone:          |           |

### 2. REASON FOR AMENDMENT

- Increase order/possession limits for currently approved Radionuclide
- Addition of Radionuclide previously authorized for
- Addition of new Radionuclide
- Addition of In-vivo animal use

### 3. AUTHORIZED LIMITS FOR RADIOACTIVE MATERIALS

List only those isotopes or order limits which have not been previously approved.

| Radionuclide | Chemical Form(s) | Check if Volatile | Max Order Limit(mCi) per stock vial or kit |     |     |      |       |  |
|--------------|------------------|-------------------|--|-----|-----|------|-------|--|
|              |                  |                   | Kits < 0.01                                | ≤ 1 | ≤ 5 | ≤ 10 | Other |  |
|              |                  |                   |  |     |     |      |       |  |
|              |                  |                   |  |     |     |      |       |  |
|              |                  |                   |  |     |     |      |       |  |

\* Maximum Order Limit is the maximum quantity of the radionuclide per vial or kit which may be ordered. Maximum Possession Limit in use and storage in your laboratories at any time is limited to ten times the maximum order limit.

#### 4. USES

For each radionuclide requested, describe how it will be used, listing the estimated quantity of radionuclides to be used per experiment. Note any unique hazards such as high volatility, chemical reactivity or infectiousness and how they will be controlled. (Attach an additional sheet if necessary.)

- a) Will radionuclides be administered to animals?  yes  no

If yes, please complete and attach Form RSO-AN1 for each different study

#### 5. RADIONUCLIDE USE AND WASTE PROJECTION

Complete the table below, projecting your average purchase/use of radionuclides for the next four quarters.

| Radionuclide | Projected Amount Used per Quarter (mCi) * | Historical Amount Used Per Quarter ** |       | Percent of Radionuclide Disposed in Waste Forms |  |                               |                     |                          |
|--------------|---|---------------------------------------|-------|---|--|-------------------------------|---------------------|--------------------------|
|              |   | <b>(RSO USE ONLY)</b>                 |       | Solid   | Sink Disposal Soluble/dispersible liquids (See 7a) | Liquid Absorbed or Solidified | Scintillation Vials | Animal Carcasses/Tissues |
|              |   | Purchased                             | Waste |   |  |                               |                     |                          |
|              |   |                                       |       |   |  |                               |                     |                          |
|              |   |                                       |       |   |  |                               |                     |                          |
|              |   |                                       |       |   |  |                               |                     |                          |

\* Amount Used per quarter - Average activity ordered per calendar quarter in millicuries.

\*\* Historical is average of past 4 quarters.

#### 6. RADIATION WORKER IDENTIFICATION

Review previous submissions and list all new individuals (faculty, staff, student, etc.) who will work with radionuclides in your laboratories.

| NAME | POSITION | RSO USE ONLY  |                    |
|------|----------|---------------|--------------------|
|      |          | TRAINING DATE | DOSIMETRY ASSIGNED |
|      |          |               |                    |
|      |          |               |                    |
|      |          |               |                    |

## 7. SPECIAL CONDITIONS APPLICABLE TO THE USE OF THE SUBJECT MATERIAL

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The Authorized User agrees to abide by the letter and spirit of all applicable regulations and policies as set forth by the U.S. Nuclear Regulatory Commission, The Pennsylvania Department of Environmental Resources, and the University's Radiation Safety Committee.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 8. REVIEW AND APPROVAL

Review by Health Physicists: \_\_\_\_\_

\_\_\_\_\_

Review by the Executive Committee of the University's Radiation Safety Committee:

|                            | Signature | Date  |
|----------------------------|-----------|-------|
| Chairperson:               | _____     | _____ |
| Vice Chairperson:          | _____     | _____ |
| Radiation Safety Officer:  | _____     | _____ |
| Management Representative: | _____     | _____ |

This application, signed by the Executive Committee, is your authorization to possess and use radioactive materials as indicated.

Date of Approval \_\_\_\_\_