University at Buffalo

Environment, Health & Safety Services

RADIOACTIVE MATERIALS EXPERIMENTAL PROCEDURES APPLICATION

IN VITRO PROTOCOL

Part 1 Instructions: Complete this form for each new or amended radioactive materials experimental procedure authorization (*in vitro* protocols only - for *in vivo* protocols, use Form RMA-29). Submit this form with an **electronic** (Microsoft Word preferred) copy of the protocol to EH&S for approval. Print neatly.

PI Name:	Permit Number **(not required for initial application)**:
Descriptive Title of the Protocol:	
Building and Room(s) Where Experiment is to be Performed:	Nuclide(s):
This experiment requires: ( ) Biosafety Cabinet ( ) Fume Hood ( ) Benchtop	Physical form of radioactive material used or reaction results: ( ) Gaseous ( ) Solid -- Powder ( ) Liquid

Part 2 Instructions: Attach a complete protocol description. Include and **check off** the following requirements below.

( ) List **all** steps needed to understand the **safety aspects** of the experiment.
( ) Indicate the amount of radioactive materials used at each step.
( ) Include **equipment and chemicals** that will be used as part of the radioactive procedures.
( ) Describe potential hazards and radiation safety procedures (survey, PPE, shielding, and dosimeter requirements, etc.) to be used to mitigate the hazards.
( ) Show calculations to justify the amount of radioactive material requested. Adjust the total amount requested in the lab at any one time to allow ordering of additional material while current material is still in use.
( ) State the types of waste generated (dry, aqueous, exempt quantity, mixed with hazardous chemical, etc.) and the estimated volumes. Indicate the **waste minimization techniques** to be employed.

Part 3 Instructions: List amounts of radioactivity involved and waste generated based on the protocol description.

Maximum activity used per each experiment (mCi):	( ) Decay Stored (half-life less than 90 days) ( ) Liquid Scintillation Fluid ( ) Hazardous Chemicals (i.e., toxic, carcinogenic) Mixed with Radioactive Materials
Total activity requested (mCi):	( ) Contaminated Sharps (i.e., Razor Blades, Pasteur Pipettes, Syringes, etc.) ( ) Infectious or Potentially Infectious ( ) Human Blood ( ) Tissue or Animal Carcasses

Part 4 Instructions: Sign and fax this completed form to 829-2029 with all required attachments.

Name, e-mail address, and phone number of person completing form **if other than PI**:	
PI Signature:	Date:

* EH&S USE ONLY *

EH&S Approval by ____ Date _____________

RSC Approval Date ____________ ( ) N/A Date Change of Status Issued ____________

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