

PROTOCOL SUMMARY SHEET

(Use a separate sheet for each proposed use)

RMS Use Only

Radiotoxicity _____

Modifying Factor _____

Type Workplace _____

PI: _____ DATE: _____

ADDRESS: _____ PHONE: _____

1. Radionuclide:
2. Chemical and Physical Form:
3. Substance is volatile: YES NO
4. Procedure will be performed at Standard Temperature and Pressure (STP) YES NO
5. Protocol: Provide a brief description of the procedure (for routine procedures, it is appropriate to state "triphosphates for DNA sequencing & transcription" or "orthophosphates for cell labeling" or "RIA kits." Also include information on chemical and physical form generated, any special equipment used to handle, shield or contain the radioactivity, and unusual hazards associated with the procedure.
6. Total Activity Per Experiment.
7. Frequency of Experiment (e.g., 1 per week, 1 per month):
8. Comments:
9. Mixed hazardous and radioactive waste or unusual waste will be generated: YES NO (i.e., chemical, biological, or genetic hazardous material mixed with radioactive waste).
10. Vertebrate Animals will be used: YES NO

(Return to Radiation Safety, 1161 W. Samford Ave. RMS Bldg. 9 Auburn, AL 36849 or FAX 844-4640 or Submit via email)