

DUKE UNIVERSITY AND DUKE MEDICAL CENTER

AMENDMENT REQUEST FOR RADIOACTIVE MATERIAL AUTHORIZATION

This form must be typed or printed plainly. Email the completed form to the Radiation Safety Office at radsafety@dm.duke.edu. Retain a copy for your records.

If radionuclides are to be administered to humans, please contact the Radiation Safety Office for more information.

1. Authorized User Identification

List the Authorized User (AU) information in the field below. Your Authorization number appears on your Authorization as either DU-XXX or MC-XXX.

AU Name: _____	Authorization #: _____
Office Phone: _____	Email: _____

2. Reason for Amendment

Check at least one of the following reasons for submitting an amendment request and fill out the corresponding section(s). After filling out the appropriate section(s), proceed to section 8.

- Increase/decrease possession limit for a radionuclide on Authorization (section 3)
- Addition of a radionuclide not currently on Authorization (section 4)
- Removal of a radionuclide from Authorization (section 5)
- Addition/removal of a use location from Authorization (section 6)
- Inactivate or terminate Authorization (section 7)

3. Increase/Decrease Possession Limit

List each radionuclide on your Authorization for which you wish to increase/decrease the possession limit, the current authorized limit for each radionuclide and the new limit which you are requesting.

Radionuclide	Current Limit (mCi)	New Limit (mCi)

For each radionuclide listed above, state the reason you wish to increase/decrease the possession limit in the field below.

4. Addition of Radionuclide(s)

List the radionuclide(s) you wish to be added to your Authorization. For each radionuclide, indicate the chemical/physical form, the maximum activity you require (mCi) and whether or not it is volatile.

Radionuclide	Chemical/Physical Form	Maximum Activity (mCi)	Volatile
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

For each radionuclide listed above, describe the purpose(s) for which it will be used in the field below. Include the following details:

- Experimental design
- Estimated activity to be used per experiment
- Identification of types of labeled compounds
- Note any unique hazards such as high volatility, chemical reactivity or infectiousness
- Note any control methods that will be used to mitigate hazards

You may attach a separate document that includes the above information if you require more space. If you do, write “See attached” in the field below.

Will any radionuclides be administered to animals?

Yes No

If yes, list the IACUC protocol number(s): _____

5. Removal of Radionuclide(s)

List the radionuclide(s) you wish to be removed from your Authorization.

Radionuclide to Remove

You must ensure that you have disposed of or transferred all radionuclides listed above from your laboratory before they can be removed from your Authorization.

6. Addition/Removal of Use Location

List each use location you wish to add to or remove from your Authorization.

Building	Room Number	Add or Remove
		<input type="checkbox"/> Add <input type="checkbox"/> Remove
		<input type="checkbox"/> Add <input type="checkbox"/> Remove
		<input type="checkbox"/> Add <input type="checkbox"/> Remove
		<input type="checkbox"/> Add <input type="checkbox"/> Remove
		<input type="checkbox"/> Add <input type="checkbox"/> Remove
		<input type="checkbox"/> Add <input type="checkbox"/> Remove
		<input type="checkbox"/> Add <input type="checkbox"/> Remove
		<input type="checkbox"/> Add <input type="checkbox"/> Remove

If adding locations: You will need to coordinate with your Radiation Safety lab auditor to ensure that all rooms are properly posted before they can be added to your Authorization.

If removing locations: You will need to coordinate with your Radiation Safety lab auditor to perform a closeout of all rooms before they can be removed from your Authorization.

7. Going Inactive or Terminating Authorization

Select one:

- I want to change the status of my Authorization to “inactive”
- I want to terminate my Authorization

While “inactive” you are not permitted to possess or use any radioactive material. If at any time you wish to resume RAM use you may contact Radiation Safety and request that your Authorization status be changed to “active”. A Radiation Safety staff member will then ensure that your lab spaces are properly posted and prepared for RAM use.

If your Authorization is terminated you are not permitted to possess or use any radioactive material. If you wish to resume RAM use you must apply for a new Authorization.

To go inactive or terminate your Authorization you will need to coordinate with your Radiation Safety lab auditor to closeout all use locations.

Prior to closeout, the AU’s responsibilities include:

- Dispose of or transfer all radioactive material and update inventory
- Ensure removal of all radioactive waste by Environmental Programs
- Conduct and document a final contamination survey
- Terminate dosimetry badge service (if applicable)

8. Authorized User Signature

By signing below you are verifying that you have reviewed this amendment request and ensure that all information provided is accurate.

AU Name (Print): _____

AU Signature: _____

Date: _____

9. Review and Approval

THIS SECTION IS FOR RSO USE ONLY

Special conditions/exemptions applicable to this Authorization.

Does this amendment request require a special public dose assessment?

Yes No

If yes, explain what assessment was made in the field below and/or attach supporting documentation.

Radiation Safety Officer signature.

RSO Name (Print): _____

RSO Signature: _____

Date: _____