

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

Name of Investigator making request: \_\_\_\_\_

Investigator's Department: \_\_\_\_\_

1. Do you have approval from the RS COMMITTEE to use radioisotopes? \_\_\_\_\_
2. Species of animals to be housed \_\_\_\_\_
3. Number of animals to be housed \_\_\_\_\_
4. Amount of Radioisotope to be used \_\_\_\_\_
5. Compound \_\_\_\_\_
6. Method of administration \_\_\_\_\_
7. Amount of space required \_\_\_\_\_
8. Type of space - Is hood required? \_\_\_\_\_
9. Type of cage or terrarium or aquarium required \_\_\_\_\_
10. Time required per project \_\_\_\_\_
11. Special safety precautions and security:

*A drawing of facility arrangements should be attached to this form.*

Approved: \_\_\_\_\_  
University Radiation Safety Officer

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_