FORM RML **UNIVERSITY OF ALABAMA AT BIRMINGHAM**
RADIOACTIVE MATERIAL LICENSE APPLICATION

INSTRUCTIONS: When you have completed this application and associated materials, submit the completed copy to the Radiation Safety Program, Occupational Health & Safety Department (Room 445, CH19) and retain a copy for your records. If you have previously completed and submitted a FORM RM for radioisotope licensure at UAB and wish to make changes to the application, you may make those amendments by contacting Robert Heath, Jr at either of the following:

Main Office:	934-2487
Desk:	934-7471
Email:	rheath@uab.edu

Identify and declare any and all attachments that accompany this application.

1. Name _____ Date: _____
   (Include suffix, ie: Ph.D., M.D., etc...)
2. Position/Title: _____ Email: _____
3. Department: _____
4. Campus Mailing Address _____ Phone Ext. _____
5. Department Chairman or Administrator: _____
6. Laboratory Facilities and Equipment:
   a. Attach a diagram identifying the building(s) and room(s) where all radioactive materials will be used or stored. Describe the area (ft^2) of each space. State the type and amount of shielding you will employ to appropriately shield the radioisotope(s) used and stored there. (Adequate storage space and shielding must be provided before the RM application will be approved).

      Enclosures for item 6a: _____

   b. State on the diagram(s), the location of fume hoods, biosafety cabinets, **daily radioactive use and waste areas,** waste collection containers, radio-assay equipment, sinks and other radioactive areas relating to the use, handling and storage of radioisotopes.

      Enclosures for item 6b: _____

   c. Describe the type(s) of radioassay equipment and radiation survey instrumentation to be utilized. Describe the manner and frequency with which these will be calibrated. Examples may include, but are not limited to, (Liquid Scintillation Counters (LSC), Gamma Counters, Geiger Counters, Gas Chromatographs/Electron Capture Units, etc..) **Note: The UAB Radiation Safety Program (RSP) will provide annual calibration of all UAB radiation survey instrumentation.**

      Enclosures for item 6c: _____

7. Name of Designated Alternate RM Licensee(s):
_____The designated alternate licensee will serve as the official alternate licensee of your license in your absence. The designated alternate licensee must sign a written consent agreeing to function as the designated alternate licensee.

   Enclosures for item 7: _____

8. Individual Users:
   List the names of all individuals who will be expected to use or come in contact with radioactive materials contained under your license. Use of RM must be supervised. Provide, as separate attachments, the following Personnel Data Forms:

   - Personnel Data Form for the Licensee (PDL). A PDL should be completed for you, the prospective licensee, and a PDL should be completed for the designated alternate licensee(s). (http://www.healthsafe.uab.edu/pages/radiationsafety/personal_data_form_licensee.pdf)

     Enclosures 8a: _____

   - Personnel Data Form for the Worker (PDW). A separate PDW should be completed for each worker. (http://www.healthsafe.uab.edu/pages/radiationsafety/personal_data_RML_worker.pdf)

     Enclosures 8b: _____

   All personnel expected to work with or around radioactive materials are required to present proof of formal documented training in Radiation Safety. Please contact the Radiation Safety Office for additional training requirements and details.
   934-4751 or 934-2487

9. Below, list all radiochemicals/radioisotopes for which you wish to be licensed for. Also state the possession limit (maximum activity that you will posses at any one time).

Example:

Element	***Mass Number***	***Chemical Form***	***Physical Form***	*Maximum Activity* ***(in mCi)***
P	32	ATP	Liquid	5 mCi
H	2	Inositol	Liquid	0.25 mCi

Please state all intended radio-chemicals per format in example above.

Element	***Mass Number***	***Chemical Form***	***Physical Form***	*Maximum Activity* ***(in mCi)***

10. Give the purpose of the research study for which each of the requested radiochemical(s) will be used.
    If the radioactive material is in the form of a ***Sealed Source***, include the manufacturer, serial number and model of the sealed source and any device within which it may be contained and/or used.

    Very Important: Do Not Forget!!
    You must show, on a separate attachment, an outline of the steps involved in each experimental study requiring the use of radioactive materials. State the **isotope** and **initial radioactivity** and your plan to track the activity of the radioactive product at each step of the procedure (when dilutions or separations take place). In addition to the outline of the radioactive experimental protocol and the steps of the experimental procedure, submit a brief statement of how the radiochemical will be used.
    See example below.

    Example:
    ^{3}H-labeled inositol used for labeling phosphoinositols in order to study phospholipase C (PLC) activity.

Will this license incorporate the use of animals? ***(YES / NO)***

- If the radiochemical is ***For Animal Use***:
  Then you must complete an **Animal Use Safety Information** form (***AUSI***). The AUSI is an appendix, Appendix 4, to the **Animal Use Request Document which must also be completed.** These documents can be found at the following hyperlink:

http://main.uab.edu/internal/show.asp?durki=35931

Will this license, at any time, be categorized as Human Use? ***(YES / NO)***

- If the radiochemical is ***For Human Use***:
  Then circle YES above to indicate that this license will be intended for Human Use protocols. An authorized physician user responsible for the study must be named and approved and your UAB Radioactive Materials License and associated human use protocols must be approved by UAB's RRSC-Radioisotope Radiation Safety Committee prior to initial use.

  If the study is strictly an ***in vitro*** procedure and a step-by-step description of the procedure is already published in a standardized text, then so indicate, giving the name of the text and the page number of the protocol. (If the text cannot be located, you will be asked to supply a copy of the protocol).

  Attachments:

  Attachment Human Use Protocol: _____

  Attachment Experimental Use Protocol: _____

  Attachment Experimental Procedure: _____

Please click onto the link below to complete application conditions 11 through 13. After clicking the link below, open and complete the *Word* document entitled, "Radioactive Materials License Supplement". Submit with your license application and supporting materials.
http://www.healthsafe.uab.edu/pages/radiationsafety/RML%20Application%20Conditions%2011%20through%2013.doc

Certification Statement

I, the applicant named below, certify that this application is performed in conformity with the UAB Radiation Safety Procedures Manual and that all information contained herein, including all supplements attached hereto, is true and correct to the best of my knowledge and belief.

Applicant named in Item 1 (Type or Print)	Date
Applicant named in Item 1 (Signature)	Date
Department Chairman or Administrator (Signature)	Date

RH 10132010