INSTRUCTIONS FOR COMPLETING THE
APPLICATION FOR AN AMENDMENT TO SEALED SOURCE APPROVAL

SECTION 1: General Applicant Information
Fill in Approval number and name.

SECTION 2: Amendment Requesting
Give a short description of what you want to amend to your approval.

SECTION 3: Radionuclide and Activity Information
Complete this section to request adding another radionuclide maximum possession limit, or to modify an existing max possession limit activity. The activity you request for each nuclide must realistically reflect actual sealed source possession.

SECTION 4: Sealed Source Use Protocol
All protocols for the use of sealed sources must be described in detail. In the blank area or on an attached document, provide a description of your experiment including information regarding intended use, ALARA dose reduction methods, shipping and transportation, and secure storage of sources. Include information about the radionuclide activity per source and the anticipated frequency of use. For neutron probes, describe source handling, hole casing, and depth of holes. Explain if the source will leave the state of Arizona or be stored on property other than the University of Arizona.

Submit your protocols on the page provided, and enter only one protocol per page. Use extra pages (page 2) as needed.

SECTION 5:
To be signed by the Approval Holder.
# The University of Arizona

**Application for an Amendment to a Sealed Source Approval**

## Section 1: General Applicant Information

<table>
<thead>
<tr>
<th>Approval #</th>
<th>Approval Holder</th>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
</table>

## Section 2: Amendment Requesting

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## Section 3: Radionuclide and Activity Information

<table>
<thead>
<tr>
<th>Radionuclide</th>
<th>Max Possession Activity Request</th>
<th>mCi</th>
<th>mCi</th>
<th>mCi</th>
<th>mCi</th>
<th>mCi</th>
<th>mCi</th>
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</thead>
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## Section 4: Sealed Source Use Protocol

Use page 2 to submit additional protocols, one protocol per form.

<table>
<thead>
<tr>
<th>Protocol #</th>
<th>Protocol Frequency (=# per month):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Protocol Name:</th>
<th>Radionuclide:</th>
<th>Source/Device Description:</th>
<th>Source Activity:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Protocol Name:</th>
<th>Radionuclide:</th>
<th>Source/Device Description:</th>
<th>Source Activity:</th>
</tr>
</thead>
</table>

Will source / device be used as intended by the manufacturer? [ ] Yes [ ] No

Does the protocol involve transporting the source / device? [ ] Yes [ ] No

Before work can begin, approval from other committees such as: the Institutional Animal Care and Use Committee, the Institutional Biosafety Committee, and the Human Subjects Committee, may be required.

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## Section 5: It is understood that the applicant named herein, upon approval of this application, assumes responsibility for the use of radioactive material assigned to him/her in strict compliance with the rules and regulations administered by the University Radiation Safety Committee, or the Medical Radiation Safety Committee, Research Laboratory & Safety Services (RLSS), and the Arizona Radiation Regulatory Agency.

Further, the applicant is aware that any fines or civil penalties levied by any regulatory authority because of deficiencies in work being performed under the applicant’s Approval will be paid out of the applicant’s departmental funds. (This authority is based upon a directive from the Vice President for Research, Graduate Studies and Economic Development.)

Signature: ___________________________ Date: ___________
### Protocol for Use of Sealed Radioactive Material

<table>
<thead>
<tr>
<th>Protocol #_________</th>
<th>Procedure Frequency (# per month): ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>RLSS use only.</td>
<td></td>
</tr>
</tbody>
</table>

**Protocol Name:**

<table>
<thead>
<tr>
<th>Radionuclide:</th>
<th>Source/Device Description:</th>
<th>Source Activity:</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Source/Device Description:</td>
<td>Source Activity:</td>
</tr>
</tbody>
</table>

**Will sources/device be used as intended by the Manufacturer?**

- [ ] Yes
- [ ] No

**Does the protocol involve transporting the source/device?**

- [ ] Yes
- [ ] No

**Before work can begin, approval from other committees such as: the Institutional Animal Care Use Committee, the Institutional Biosafety Committee, and the Human Subjects Committee, may be required.**

Approval No: ___________