

Appendix 20B

**REQUEST FOR USE OF RADIOACTIVE ISOTOPE  
IN NEW/ADDITIONAL LABORATORY SPACE**

**Note: This request must be received by the Radiation Safety Committee  
60 days prior to anticipated move date.**

I am requesting approval of the Radiation Safety Committee for radioactive isotope use in  
(please check one) \_\_\_\_\_ **new** or \_\_\_\_\_ **additional** laboratory space

Name \_\_\_\_\_

Current Office Address: \_\_\_\_\_

Current Office Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Lab Address: \_\_\_\_\_

Approved for the following project numbers (please include radioactive isotopes and compounds):

\_\_\_\_\_  
\_\_\_\_\_

New Lab Address: \_\_\_\_\_

Anticipated Move Date: \_\_\_\_\_

New Office Address: \_\_\_\_\_

New Office Telephone: \_\_\_\_\_

Will a lab space be decommissioned? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide lab address: \_\_\_\_\_

Will you be transferring your isotope from building to building? \_\_\_\_\_ Yes \_\_\_\_\_ No

I understand that Radiation Safety Office personnel must transport all radioactive materials by vehicle  
and that the Radiation Safety Committee must approve my new lab space **prior** to the move.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Send Original to:** Radiation Safety Committee, 208 Hudson Health Center

**Send Copy to:** Radiation Safety Officer, 203 Hudson Health Center