



Texas Tech University Health Sciences Center

Application for Radioactive Material Sublicense (Non-Human Use)

Please type or print clearly

1. Name of Applicant:	2. Department:
3. Office Location:	4. Laboratory Location Where Radioactive Material Will Be Used:
5. Office Phone:	6. Laboratory Phone:
7. Radiation Workers (include documentation of training):	8. Present or Previous Radioactive Material Permit(s) Held:

9. Radioactive Isotope Information

Element and Mass Number:	Physical Form:	Maximum Activity Requested (mCi):

Use continuation sheet (Page 3) as necessary

Identify the primary use of each radioactive isotope listed above, including the anticipated activity to be used per study. Use continuation sheet (page 3) as necessary.

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10. Provide the following information (use continuation sheets or attach additional sheets or documents as necessary):

A. Facilities and equipment - Describe laboratory facilities, counting equipment, "hot" sinks, radioactive material storage areas, "hot" fume hoods, "hot" refrigerators or freezers, etc. for all radioactive laboratory rooms, storage areas or cold rooms. Include a diagram or map of all requested radiation use areas, identifying the locations of the equipment listed above.

B. Radiation Detection Instrumentation - Identify the brand, model number and serial number of all anticipated radiation measuring and monitoring equipment to be used. Include the instrument sensitivity, range, accessories, and detector type.

C. Radiation Analysis Instrumentation - Identify and locate any liquid scintillation counters, gamma counters, etc. to be used in laboratory analysis and removable contamination surveys.

11. Attach a completed "Application for Personal Dosimetry Service" (Form A-8) for the applicant and each requested radiation worker.

12. List applicable prior radioactive material use, training and experience. Use continuation sheets, if necessary, or attach documentation of training and experience.

Radioactive Isotopes and Activity Used	Approximate Dates of Work	Description of Training or Experience*	Name & Address of Preceptor

* **Note:** Please provide copies of any applicable published works in which radioactive isotopes were used. If no publications are available, please have your preceptor sign below to verify radioactive isotope training and experience.

Signature of Preceptor

Date

Typed or Printed Name of Preceptor

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Continuation Sheet

Applicant Name: _____

Please indicate item number of continued information. This page may be reproduced as often as necessary.

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Continuation Sheet

Applicant Name: _____

Certification

I certify that the information contained in and/or attached to this application is true and correct to the best of my knowledge.

I certify that I have read and understand the rules and regulations contained in the Texas Tech University Health Sciences Center *Radiation Safety Manual* governing the possession and use of radioactive material and radiation producing devices, and agree to comply with all applicable federal, state, and local rules and regulations pertaining to my use of radioactive materials.

I agree to wear appropriate personal radiation dosimetry devices or other required radiation monitoring devices during all activities involving the use radioactive material or possible radiation exposure as required by applicable rules and regulations.

For, and in consideration of, the mutual covenants and other good and valuable consideration, I do hereby release, discharge, and hold harmless Texas Tech University Health Sciences Center, its successors and assigns, from any and all claims and liabilities whatsoever which I may have, arising out of my use of such radiation producing sources.

Signature of Applicant

Position or Title

Typed or Printed Name of Applicant

Date

Signature of Department Chair

Date

Typed or Printed Name of Department Chair

Texas State Government Privacy Policies (Government Code):

1) With few exceptions, you are entitled on request to be informed about the information the state governmental body collects about you; 2) Under Section 552.021 and 552.023, you are entitled to receive and review the information; and 3) Under Section 552.004, you are entitled to have the state governmental body correct information about you that is incorrect.