Supplementary Information - Section 9

RSS-101 Form

Date: 01/07/19

Revision #: 03

**Applies To**: Authorized Users administering radioactive material to live animals must submit this form to EHS, Radiation Safety Service along with an Application for Authorization to Use Radioactive Material (RSS-101 Form).

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Authorized User | | |  | | Title | |  | | | |
| Department |  | | | | | | | Phone/E-mail | |  |
| University Mailing Address  (Room #/Bldg/Zip): | | | |  | | | | | | |
| Contact Person | |  | | | | Phone / E-mail | | |  | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Application to Use Vertebrate Animals in Research, Testing, or Instruction** was filed with the University’s Institutional Animal Care and Use Committee (IACUC): | | | | | | | | |
| Yes  No | | |  | IF Yes: | Date Filed: | |  |
|  | | | IACUC Approval Date: | |  | |
|  | | | IACUC Expiration Date: | |  | |
|  | | | IACUC Approval No.: | |  | |
| Do **not** commence investigations with animals until an Application to Use Vertebrate Animals in Research, Testing, or Instruction is filed with and approved by the IACUC. Provide the IACUC approval number and the date of approval to Radiation Safety Service before beginning any use of radioactive materials in animals. | | | | | | | |
| 1. **Species of animal(s) to be used**: | | | |  | | | | |
| 1. **Radionuclide(s) administered**: | |  | | | | | | |
| 1. **Activity per animal of each radionuclide listed in Item 3.0**: | | |  | | | | | |
|  | | | | | |

1. **Will all animals be sacrificed immediately?**  YES  NO

* If Yes, proceed to Section **8**.
* If No, please complete the following sections.

1. **Indicate below the animal species and the building(s) & room number(s) where animals may be housed during the period between radionuclide administration and sacrifice. Identify department or individual(s) providing routine animal care at each facility.**

|  |  |  |  |
| --- | --- | --- | --- |
| ANIMAL SPECIES | BUILDING | ROOM # | NAME OF ANIMAL CARE PROVIDER \* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\* If not ULAM, give name(s) of individual(s) providing care. (OVER)

1. **Please complete the following table for each radionuclide administered to each of the species listed in Item 2.0 that will not be sacrificed immediately. Attach additional pages if needed.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| animal species | RADIONUCLIDE ADMINISTERED | MAXIMUM ACTIVITY ADMINISTERED | PHYSICAL FORM | CHEMICAL FORM | ESTIMATED MAXIMUM ACTIVITY EXCRETED | | | MAXIMUM SURVIVAL PERIOD |
| **Day 1** | **Day 2** | **Day 3** |
|  |  |  |  |  |  |  |  |  |
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1. **Indicate the freezer location(s) where radioactive animal carcasses and/or tissue will be stored until collection/disposal by Radiation Safety Service:**

|  |  |
| --- | --- |
| Room # / Building: |  |

1. Additional Comments (optional)

|  |
| --- |
|  |

**Submit the completed form to Radiation Safety Service, EHS using one of the following methods:**

* Campus mail: 1239 Kipke Drive/CSSB 1010
* Email: [EHSRadSafety@umich.edu](mailto:EHSRadSafety@umich.edu)
* Fax: (734) 763-1185

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