

## Minor Changes to Nuclide Authorization

Complete as appropriate and return to the EHS Radiation Safety

PI: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ AU #: \_\_\_\_\_

**NUCLIDE Additions or Changes.** Indicate desired **New** nuclides or changes in **Order** or **Possession** limits. If this is because of a change in protocols, include a summary of protocol changes.

Nuclide	Current Limits (mCi)		Requested Limits (mCi)	
	Order	Possession	Order	Possession
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

This change may require you to purchase a **Survey Meter**; if so, indicate.

Survey Meter Make: \_\_\_\_\_ Type of Probe: \_\_\_\_\_

**ROOM Adds or Deletions:** For **Deletions**, if no other PI uses radioactive materials in the room, remove all radioactive materials, do a final survey, send it to EHS, and remove all "Caution - Radioactive Material" signs. Final surveys are not necessary for rooms shared with other PIs who continue to use radioactive materials in the room. For **Additions**, if this add is because of significant changes in your lab, or your work will involve radioactive volatile materials, include a layout of the new area(s) including hot sinks, fume hoods, etc. Indicate approved Protocol ID#.

Add	Delete	Building	Room	Protocol ID #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Personnel** (Indicate Addition or Deletion from Lab)

Add	Delete	Name	Baylor ID#	Training Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**PI Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Approval Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_