 Cesium-137 Gamma Ray Irradiation Request Form

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|  | **Controlled Environment Radiation Facility (CERF),** Biology Department |
|  | **J. L. Shepherd and Associates Mark-I Model 68A Irradiator,** Medical Department |

|  |  |  |  |
| --- | --- | --- | --- |
| P.I.: |  | | |
| Institution: |  | | |
| Address: |  | | |
|  |  | | |
| Telephone: |  | Fax: |  |
| Email: |  | | |

List all investigators to participate in irradiations:

|  |  |  |
| --- | --- | --- |
| Name: | Institution: | Email: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Animal Irradiations:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| BNL IACUC protocol no.: |  | | Approval date: | |  |
| Species |  | | | | |
| Number of animals: |  | | | | |
| Dose: |  | | Dose-rate: |  | |
| Number of irradiation sessions: | |  | | | |

Cell/Tissue Samples or Other Sample Type Irradiations:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Human-derived? (Y/N): |  | | | |
| If yes, provide BNL IRB approval no.: |  | | Approval date: |  |
| Other sample type: |  | | | |
| Number of samples: |  | | | |
| Dose: |  | | Dose-rate: |  |
| Number of irradiation sessions: | |  | | |

Will regulated medical waste be generated?

Radioisotopes to be used:

Toxic/carcinogenic/explosive/corrosive materials to be used:

(PLEASE NOTE THAT NO MATERIAL MAY BE LEFT AT THE IRRADIATION FACILITIES: ALL MATERIAL MUST BE TRANSPORTED FROM THE FACILITIES BY ES&H-APPROVED MEANS.)

P.I. Signature: Date: