

**MMRI PRINCIPAL INVESTIGATORS REQUEST
FOR AUTHORIZED USE AND PURCHASE OF RADIOISOTOPES**

Principle Investigator: _____ Date: _____
Position/Title: _____ Phone: _____
Affiliate Name: _____ Fax Number: _____
Location of Experiments: _____ Room 482 at 428 Oakmead Parkway, Sunnyvale, CA 94085 Email: _____

1. Purpose of Experiment:

2. Description:

- | | |
|---|--|
| <input type="checkbox"/> Nucleic acid sequencing
<input type="checkbox"/> Hybridization
<input type="checkbox"/> Nick translation
<input type="checkbox"/> Protein isolation
<input type="checkbox"/> Metabolic studies
<input type="checkbox"/> Other (describe): _____ | <input type="checkbox"/> Labeling of proteins
<input type="checkbox"/> Labeling of tissue culture
<input type="checkbox"/> In vivo labeling of microbial cultures
<input type="checkbox"/> Radioiodinations of proteins
<input type="checkbox"/> Radioimmunoassays |
|---|--|
- _____

3. Personnel Authorized to use Radioisotopes for above experiments (use full name, they will need to complete appropriate radiation safety training if they not done so at MMRI).

_____ _____ _____	_____ _____ _____
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4. Radioactive Materials to be Used:

Radioisotope	Chemical Form of Isotope	Physical Form (liquid, etc.)	Max Use per Experiment (mCi)	Quantity per Purchase (mCi)

5. Survey Meter Description:

Make	Model	Serial#	Calibration Date	Probe Type

SIGNATURE: _____ Date: _____

Principal Investigator

PRINCIPLE INVESTIGTOR NUMBER: _____ Approval Date: _____

SIGNATURE: _____

Radiation Safety Officer

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CONTINUATION**

Principle Investigator: _____

Date: _____

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4. Radioactive Materials to be Used: Continued

Radioisotope	Chemical Form of Isotope	Physical Form (liquid, etc.)	Max Use per Experiment (mCi)	Quantity per Purchase (mCi)