Supplementary Information - Section 9 RSS-101 Form

Revision: April 29, 2026

Applies To: Authorized Users administering radioactive material to animals. This form must be submitted to EHS (Radiation Safety Service) along with an Application for Authorization to Use Radioactive Material (RSS-101).

Tip: To use this document, click **File** > **Make a Copy** and save to your Drive

Authorized User	
Department	
Phone / Email	
University Mailing Address (Room / Bldg / Zip)	
Contact Person	
Contact Phone/Email	

1. Application to Use Vertebrate Animals in Research, Testing, or Instruction has been filed with the University's Institutional Animal Care and Use Committee (IACUC)?*	
Yes - Provide IACUC information below No - Proceed to Question 2*	
Date filed	
IACUC Approval Date	
IACUC Expiration Date	
IACUC Approval No.	

* Do **not** commence research with animals until 1) An Application *to Use Vertebrate Animals in Research, Testing, or Instruction* is approved by the IACUC and 2) Radiation Safety Service has approved the use of radioactive material in animals.

2. Species of animal(s) to be used: _____

3. Radionuclide(s) administered: _____

4. Activity per animal of each radionuclide listed in Question 3:

_____

5. Will all animals be euthanized immediately?

Yes - Proceed to Question 8

No - Proceed to Question 6

6. Indicate the animal species, the building(s) and room number(s) where animals may be housed during the period between radionuclide administration and euthanasia, and the individual(s) providing routine animal care at each facility.

Animal Species	Building	Room Number	Name of Animal Care Provider*

* If not ULAM, provide the name(s) of the individual(s) providing care.

7. Complete this table for each radionuclide administered to each species listed in Question 2 that will not be euthanized immediately. Attach additional pages if needed.

Animal Species	Radionuclide Administered	Maximum Activity Administered (µCi)	Physical Form	Chemical Form	Estimated Maximum Activity Excreted			Maximum Survival Period
					Day 1	Day 2	Day 3	

8. Indicate the freezer location(s) where radioactive animal carcasses and/or tissue will be stored until collection/disposal by Hazardous Materials Management (HMM):

Room Number / Building:_____

9. Additional Comments (optional)

_____

_____

_____

Submit the completed form to Radiation Safety Service:

- Campus mail: 1239 Kipke Drive / CSSB (1010)
- Email: EHSRadSafety@umich.edu