REQUEST TO MODIFY AUTHORIZATION CHANGE DESIGNATED USERS OF RADIOACTIVE MATERIALS

Complete appropriate section(s) below to add, or remove authorized individual(s) in the absence of the Responsible Investigator to sign orders, and receive radioactive materials on behalf of the Principal / Responsible Investigator.

Use the back of this form if additional space is needed. Submit to ehdean@vcu.edu or Grant House, Room 211.

Name	Signature	Effective Date
Deletion of person(s)	from designation by Responsible Inve	estigator to sign orders for radioactive material.
Name(s)		tive Date
Designation of respondesignate another Respondence	nsibility during absence of Responsible	e Investigator*. Responsible Investigators must nical staff member to be responsible for laboratory
The designated individ	lual has completed all required training	and is familiar with radiation safety procedures.
* I designate (print na	ame)	to be responsible for laboratory
radiation safety during	ng my absences of less than four (4) wee	eks.
Signature of Designee	:	Date
completely shut down	1	tent more than four weeks are required to either atterial, or transfer their authorizations to another for Responsible Investigators.
ture of Responsible Inv	estigator:	
	Date	
ure		
ved by:		
	Date	