**Research Project Application  
HS-COF-0072**

*Note: Ensure you are using the latest version of this form with the most current list of workstations.*

Information

Individual proposing to complete research at the SCCS.

|  |  |
| --- | --- |
| Name of Permit Holder (Print) | Permit Number |
|  |  |

|  |
| --- |
| **Project Title:** |
|  |

Project Objective

Provide a brief description of the primary objectives of the research project.

|  |
| --- |
| **Description** |
|  |

Radioisotope(s)

Description of unsealed nuclear substance(s) required for experiment(s). N/A

|  |  |  |
| --- | --- | --- |
| **Radioisotope** | **Chemical form and/or concentration** | **Max Amount per Protocol**  **(MBq)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Chemicals

List the specific chemicals to this project. N/A

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Chemical Name** | **CAS Number** | **Physical State (gas, liquid, solid)** | **Quantity** | **Stored at Facility (Y/N)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

Biological Agents

List the specific biological agents (plant, bacteria, fungi, etc.) to this project. Refer to Section 6 for animal information. N/A

|  |  |
| --- | --- |
| **Biological Agent** | **How will it be used at the SCCS** |
|  |  |
|  |  |
|  |  |
| Attach the Biosafety Plan, if applicable. | |

Animal Information

|  |  |
| --- | --- |
| List the number of animals to be used per experimental protocol. (List for each protocol, if different.) |  |
| What is the length of time the animal will be housed at the SCCS? (List for each protocol, if different.) |  |
| Will there be a control group housed at the SCCS? | Yes  No |
| Will the animals be sacrificed at the end? | Yes  No |
| Maximum number of cages needed at one time: |  |
| Specify rodent: | Rat  Mouse |
| List the AUP number: |  |

Workstation selection

Select the workstations you will need to access. Refer to the list included with the application.

Experimental Procedure(s)

Provide a description of the project methodology. In general, the steps in the experiment that will be performed and associated hazards. Include specific steps, if any resources are needed (e.g. N2 gas), and the amount of radionuclide used. (Include a separate document if space is not efficient.)

|  |
| --- |
| Title of Procedure: |
|  |
| Title of Procedure: |
|  |

Timelines

|  |
| --- |
| Anticipated start date of the project: |
| Anticipated end date of the project: |
| Specific the milestones in the project: |

The Facility Manager and Permit Holder will meet to discuss the timelines and milestones through the course of the project.

Approvals

**Permit #:**

Reviewed by:

SCCS Research Coordinator

Date

Safety and Compliance Officer

Date

Approved by:

Facility Manager

Date