**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 Saskatchewan Cyclotron Facility (the Facility).

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

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

Project Objective

Provide a brief description of the primary objective(s) 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

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| --- | --- |
| **Biological Agent** | **How will it be used at the Facility** |
|  |  |
|  |  |
|  |  |
| 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 animals will be housed at the Facility? (List for each protocol, if different.) |  |
| Will there be a control group housed at the Facility? | 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

Complete a Workstation Occupancy Estimator form (Excel file) and include with this 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. In lieu of detailing procedures here, appended SOPs are also acceptable provided they describe all associated hazards.)

|  |
| --- |
| 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 General Manager may request updates from the Permit Holder regarding the timelines and milestones through the course of the project.

Approvals (Fedoruk Centre Use)

**Permit #:**

Reviewed by:

Subject Matter Expert

Date

Radiation Safety Officer

Matthew Hutcheson

Date

Approved by:

Facility General Manager

Dale Schick-Martin

Date