Use of Radiation Room/Equipment Request Form

*Please submit the completed form to [lsissw@nus.edu.sg](mailto:lsissw@nus.edu.sg)*

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| **Section 1: Personal Information** | |
| Name of Applicant |  |
| Department/Institution |  |
| Address |  |
| Job Title |  |
| Staff / Student number |  |
| Office phone number |  |
| Handphone number |  |
| E-mail |  |
| R1 license number  *(Please attach a copy of the license)* | Expiry date: |
| Corresponding L5/ L6 supervisory license number  *(Please attach a copy of the license)* | Expiry date: |
| Equipment to be used  *(if applicable)* | 🞏 X-Ray irradiator 🞏 Liquid Scintillation counter  Others (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­ |
| Location of facility/ equipment | 🞏 CeLS Radiation lab (Basement)  Others (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| OSHE Ionizing Radiation Safety Training | 🞏 Yes Date of completion:  🞏 No |
| Facility/ Equipment Specific Training *(if yes, please specify the name of the personnel who has given the training)* | 🞏 Yes Date of completion:  🞏 No Name of trainer: |
| CeLS Safety Brief  Orientation *(if applicable)* | 🞏 Yes Date of attendance:  🞏 No |

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| **Section 2: Applicant’s Principal Investigator (PI)** | |
| Name of Principal Investigator |  |
| Department/Institution |  |
| Address |  |
| Office phone number |  |
| E-mail |  |

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| **Section 3: Details of L4/ L5/ L6 License holder (skip this section if supervisory license holder is same as PI above)** | |
| Name of L4/ L5/ L6 licensee |  |
| License number |  |
| Department/Institution |  |
| Address |  |
| Office phone number |  |
| E-mail |  |

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| **Section 4: Collaborator/Co-Supervisor/Sponsor at Centre for Life Sciences (skip this section if user is from CeLS/ application is for use of irradiating equipment located within Comparative Medicine facility)** | |
| Name of Principal Investigator |  |
| Office phone number |  |
| E-mail |  |
| Collaboration/Co-Supervision/ Sponsorship Period |  |

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| **Section 5: Project Information** | |
| Project Title |  |
| Project Summary |  |
| If using Radio Isotopes specify type and quantity | 🞏 H-3 🞏 Cr-51 🞏 C-14 🞏 P-32 🞏 I-125  Others (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­  Quantity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­ |
| Project Duration |  |

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| **Section 6: Use of Facility/Equipment (Radiation Room, Liquid Scintillation Counter, X-ray irradiator, Gamma irradiator)** | |
| Brief description of Assay/Experiment requiring the use of radiation facility/ equipment |  |

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| **Section 7: Declaration by Applicant** | | |
| I declare that the particulars stated here and the documents submitted are true to the best of my knowledge. I agree to abide by all the terms, rules & regulations mentioned in this form and those pertaining to the use of equipment owned by Life Sciences Institute (LSI), National University of Singapore. | | |
| **Name:** | **Signature:** | **Date:** |

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| **Section 8: Declaration by Applicant’s Principal Investigator** | | |
| I declare that the statements made by the applicant and myself in this application are true, and I also hereby grant consent to Life Sciences Institute (LSI) to obtain and verify the information provided by me and my staff/student in respect to this application, as deemed appropriate, for the purpose of assessment of this application.  I also hereby agree to bear any costs pertaining to training and/or use of equipment in Core Facilities (if applicable), and any costs arising from any damages during the use of the equipment by the applicant.  I also hereby agree to assume full responsibility of the conduct and safety of the applicant while at the premises of Centre for Life Sciences (CeLS)/ Comparative Medicine (MD2) (\*delete where applicable). | | |
| **Name:** | **Signature:** | **Date:** |

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| **Section 9: Declaration by Collaborator/Co-Supervisor/Sponsor at CeLS (if applicable)** | | |
| I declare that the statements made by the applicant and myself in this application are true, and I also hereby grant consent to Life Sciences Institute (LSI) to obtain and verify the information provided by me in respect to this application, as deemed appropriate, for the purpose of assessment of this application.  I also hereby agree to ensure that adequate training, including safety and use of equipment, is provided to the applicant prior to the use of the equipment. | | |
| **Name:** | **Signature :** | **Date:** |

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| **Section 10: Official Use Only** | | |
| **Reviewed by Faculty Safety and Health Officer/ LSI Safety Team** | | |
| **Name:** | **Signature:** | **Date:** |
| **For approval by LSI Radiation Committee:** | | |
| **Approve Reject. Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Name:** | **Signature:** | **Date:** |