

## Prospective Authorized User Information Supplement to NIH 465-1

The following information is requested in advance to allow a smooth transition into Authorized User status, in the event your application is reviewed and approved by the NIH Radiation Safety Committee.

<b>Applicant Information</b>	<i>Name (Last, First, M.I.)</i>			<i>DRS Number</i>	
<b>Individual Users to be listed under your Authorization</b>	<i>Name (Last, First)</i>			<i>DRS Number</i>	<i>Job Title</i>
<b>Active Laboratories to be listed under your Authorization</b>	<i>Address (Building/Room)</i>		<i>Lab Usage (Hot lab, storage room, common area, coldroom, counting room, etc.)</i>		<i>Facilities Available (Sinks, fume hoods, biosafety cabinets, etc.)</i>
<b>Types and Quantities of Radioactive Materials that you intend to order</b>	<i>Nuclide</i>	<i>Chemical Form</i>	<i>Maximum Activity per Experiment</i>	<i>Maximum Activity per Order</i>	<i>Type of Use (Iodination, sequencing, blotting, etc.)</i>
<b>Signature</b>	<i>Applicant Signature</i>			<i>Date</i>	