

## **Experimental Procedure**

## PI Name: PI Registration Number:

| SECTION I. General Information Instructions: Complete and return to Radiation Protection Program N52-496   |                                      |                  |           |
|--|--------------------------------------|------------------|-----------|
| Department/DLC:  |                                      | Procedure Title: |           |
| Principal levoetigator:  |                                      |                  |           |
| Investigator: Last name, First name  |                                      | Phone:           | MIT ID #: |
| Section II. Description of Experiments using Gammacell Irradiator  Please describe materials to be irradiated and provide a brief description of the experimental procedure as it pertains to use of |                                      |                  |           |
| the irradiator (e.g. live or nonliving specimen, estimated radiation dose, additional requirements/hazards, etc.).   |                                      |                  |           |
|  |                                      |                  |           |
| Materials to be irradiated:  |                                      |                  |           |
| Cells: Estimated Radiation Dose (Gy)   |                                      |                  |           |
| Animals: DCM Protocol # Estimated Radiation Dose (Gy)  |                                      |                  |           |
| Other: Estimated Radiation Dose (Gy)   |                                      |                  |           |
|  |                                      |                  |           |
| Irradiation Information:   |                                      |                  |           |
| Please indicate all Gammacell Irradiator Facilities used under this protocol:  |                                      |                  |           |
| ☐ 76-770C (GC 40E) ☐ 6-017 (GC 220E) ☐ 68-0022 (GC 220) ☐ E17-608 (GC 40)  |                                      |                  |           |
| Potential Hazards:   |                                      |                  |           |
| ☐ Fire ☐ C   | ☐ Compressed Gas                     |                  |           |
| ☐ Chemical ☐ E   | Biological Materials (BL1/BL2/BL2+): |                  |           |
| ☐ Toxic Gas ☐ C  | Other (describe):                    |                  |           |
| Additional Requirements:   |                                      |                  |           |
|  |                                      |                  |           |
|  |                                      |                  |           |
|  |                                      |                  |           |
|  |                                      |                  |           |
|  |                                      |                  |           |
|  |                                      |                  |           |
| Section III. Certification and Signatures  |                                      |                  |           |
| Gammacell User to complete this section (Print Last, First Name)   | Signature                            |                  | Date      |
|  |                                      |                  |           |
| RPP Staff (Print Last, First Name)   | Signature                            |                  | Date      |
|  |                                      |                  |           |