

Wellesley College	NANOSTRUCTURE REVIEW FORM Includes nanoparticles, quantum dots, etc from 1 to 100 nm
Date	
Principal Investigator	
Other Involved Personnel - indicate if staff, visiting professor, etc.	
List Involved Students	
Lab Room #	
Note specific area in lab where work will be conducted	
Name of Material	
Check as applicable	<input type="checkbox"/> carbon-based <input type="checkbox"/> metal-based <input type="checkbox"/> dendrimer <input type="checkbox"/> composite
Chemical Composition	
Size	
Shape	
Coated?	
Describe Surface Characteristics	
What is the concentration	
Will use generate aerosol?	
Embedded in a matrix or unbound?	
Check one	<input type="checkbox"/> soluble/biodegradable OR <input type="checkbox"/> insoluble/biopersistent
Created from	<input type="checkbox"/> atoms and molecules OR <input type="checkbox"/> macro-scale counterparts OR <input type="checkbox"/> other (please describe)
Developed/manufactured in campus lab?	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Method of development	<input type="checkbox"/> gas-phase synthesis <input type="checkbox"/> vapor deposition <input type="checkbox"/> colloidal <input type="checkbox"/> attrition <input type="checkbox"/> other _____
If purchased, name manufacturer?	
Please attach MSDS	<input type="checkbox"/> OK or <input type="checkbox"/> Will supply upon receipt
If purchased, where is material unpacked in lab?	
Describe known toxicity or hazards	
How will material be used?	
If involve radioactive material, approved by committee? Date?	
If animals involved, approved by IACUC? Date?	
If associated with material governed by the IBC was it approved? Date?	
Describe disposal procedures	
PI Signature	
Date	
Protocol No.	
Reviewed by:	<input type="checkbox"/> Director, Science Center <input type="checkbox"/> Director, EHS
Signatures:	
Date Reviewed:	
	Form 11/09
	<i>attach additional pages if need more room to describe any of the above</i>