



LOMA LINDA UNIVERSITY
SHARED SERVICES

Department of Risk Management
Office of Radiation Safety
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APPLICATION FOR HUMAN USE OF RADIOACTIVE MATERIALS AND IONIZING RADIATION

- Use this form when requesting authorization for protocols involving the routine or non-routine use of radioactive materials or ionizing radiation in humans.
- For research applications, submit the IRB application, IRB approval, a complete protocol and the Informed Consent.
- Print, complete and submit the appropriate "Statement of Training and Experience" for the applicant and each individual assisting with the study.

Applicant: _____ Extension: _____

Department: _____ Email: _____

Contact Person: _____ Extension: _____

Department: _____ Email: _____

Project Title: _____

Give a brief description of the proposed radiation use that is above standard of care: **(Indicate page number(s) in protocol describing radiation use.)**

Is the proposed radiation use ordinarily considered routine? () Yes () No

What is the primary purpose for the proposed radiation-related procedure(s):

- Accumulation of scientific knowledge only.
- Increase in scientific knowledge leading to a health benefit.
- Cure or prevention of disease.
- Saving lives or prevention or mitigation of serious disease.
- Clinical testing of a new radiopharmaceutical product.
- Other (describe): _____

Expected duration of project: From _____ To _____

Subject selection and consent:

Number of subjects with manifest disease _____

Age range _____ Sex _____

Describe the pathology of subjects with manifest disease:

Number of subjects without manifest disease _____

Age range _____ Sex _____

Describe the selection of subjects without manifest disease:

Will pregnant women be included in this study?

- Yes No

Will women of childbearing age be included in this study?

- Yes No

Will subjects be hospitalized? Yes No

If Yes: patients normals

If the radiation use involves radioactive materials:

ISOTOPE	CHEMICAL FORM	ACTIVITY PER PROCEDURE (mCi)	POSSESSION LIMIT (mCi)	ACTIVITY USED ANNUALLY (mCi)

Use/storage location for radioactive material: _____

Certificate:

To the best of my knowledge and belief, statements made in this application are true.

Applicant: _____
Signature

Date

Dept. Chair: _____
(Please print)

Signature