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:

<table>
<thead>
<tr>
<th>ISOTOPE</th>
<th>CHEMICAL FORM</th>
<th>ACTIVITY PER PROCEDURE (mCi)</th>
<th>POSSESSION LIMIT (mCi)</th>
<th>ACTIVITY USED ANNUALLY (mCi)</th>
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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