**APPLICATION FOR USE of Ionizing Radiation in Human Research**
*(To be completed for all types of Radiation Exposure)*

**Applications must be typed.**

<table>
<thead>
<tr>
<th>RSC # ______</th>
</tr>
</thead>
</table>

1. Applicant Name:  Last  First  MI  Degree/Title

2. Department:  
   Building:  
   Room:  
   Box #:  
   Telephone #:  
   Fax #:  
   Email Address:

3. Title of Study:

4. Length of study:

5. a) Number of individuals to be studied*  
   b) Age group
   *This project will be considered terminated after the indicated number of subjects have been studied unless an extension is granted.

6. Excluded Individuals:  
   a) Pregnant females  
   b) Potentially pregnant females**  
   c) Minors (under 18 years)  
   d) Other (please explain)
   ** Premenopausal women will be subjected to radiation only during the first 14 days after onset of a menstrual period.

7. Check one:  X-ray ___  CT ___  PET CT ___  OTHER ___

8. List below all clinical procedures needed for this project which expose the subject to ionizing radiation. **Indicate which procedures are beyond standard of care.**
   a.  
   b.  
   c.  
   d.  
   e.  

9. If using radiopharmaceuticals, complete the following (use addendum sheet if necessary):
   Radionuclide ______  Pharmaceutical __________________________  Activity
   Diagnostic Procedure
   Route of administration:  Oral ____  IP ____  IV ____  IM
   Concurrent medication(s):
10.  a) Skin entrance exposure: _______________ mR  
     b) Limiting organ dose (If any): __________ mrad  
     c) Effective dose equivalent: __________ mrem  

11.  Attach the protocol, informed consent form and dosimetry report.  

12.  Has the responsible investigator reviewed his/her responsibilities under the applicable sections of 10CFR20 and 35, the Commonwealth of Virginia Ionizing Radiation Rules and Regulations, and the VCU Radiation Safety Guide? _ Yes _ No  

13.  Comments and exceptions:  

14.  If the application is approved, the authorization will apply only to the responsible investigator and specifically to the protocol described herein.  

**Signatures:**  

<table>
<thead>
<tr>
<th>Applicant</th>
<th>Date</th>
<th>Radiation Safety Officer</th>
<th>Date</th>
<th>Chairman, Radiation Safety Committee</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>