

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

RSC # \_\_\_\_\_

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 ___ <b>OTHER</b> ___				
8.	List below all clinical procedures needed for this project which expose the subject to ionizing radiation. <b>Indicate which procedures are beyond standard of care.</b>				
	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:**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Radiation Safety Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chairman, Radiation Safety Committee

\_\_\_\_\_  
Date