

**APPLICATION FOR USE OF RADIONUCLIDES IN HUMANS INVOLVING
STANDARD DIAGNOSTIC AND THERAPEUTIC PROCEDURES**

DATE: _____

1. NAME: _____ TELEPHONE: _____

2. DEPARTMENT/DIVISION: _____ 3. LOCATION: _____

4. Are you presently permitted to use radioactive materials at USA? _____

5. Category	6. Radionuclide	7. Chemical Form	8. Maximum Possession

9. Location(s) of use: _____

10. Location(s) of storage: _____

11. Maximum possession limit requested: _____

12. Have you been licensed for use of radioactive materials at locations other than USA? _____

13. Identify your training & experience (T&E) in the clinical applications of radioactive materials for human use including your T&E in the therapeutic clinical applications if applicable.

14. Usual or standard diagnostic dose per administration:

15. If therapeutic use of the radionuclides is intended, describe how doses are determined or show sample calculations for computing dose. Identify each term and attach references to verify constants if needed.

16. List the people under your supervision who will be working with the requested radioactive material(s).
Give dates of birth and experience using radionuclides.

I agree to abide by radiation safety practices and instructions provided by the Radiation Safety Department. I agree to the requirement that that all visitors observing my fluoroscopically guided cases (i.e.-medical students, PA students, rad tech students) shall wear leaded aprons AND dosimeters while inside of the procedures room or I will order them to leave the room.

This permit request does not address physician requirements for ACR or ICN accredited facilities. Approval of this request is not intended to document satisfaction of ACR or ICL nuclear medicine physician requirements.

I attest that I will approve each radiopharmaceutical injection when requested before radiopharmaceuticals are administered to each patient in accordance with Alabama regulation 420-3-26-.07(21)2. I have a copy of and will read the USA Radiation Safety Procedures Manual.

Signature _____

*Medical Doctors requesting permission to use radiation on human subjects must furnish a current ALABAMA MEDICAL LICENSE # _____

Received by the radiation safety officer: _____

Received by the radiation safety committee chair: _____ Approved on: _____