

Application for Use of External Radiation in Human Research

The Institutional Review Board (IRB) requires that the Radiation Safety Committee (RSC) review all research involving the use of radioactive material in human subjects. Both IRB and RSC approval are necessary prior to beginning this procedure\research. A separate form for each procedure or radioisotope involved must be completed. Submit the application to Radiation Safety, mail code 9053. For additional information call Radiation Safety at (214) 648-2250.

Items needed for submission:	RSC Form RSC-022	1 original and 12 copies
	IRB Form NR1	13 copies
	Project Summary	13 copies
	Consent Form	13 copies
	Protocol/ Investigators Brochure	2 copies

Activity Title:

Principal Investigator:	Phone:	
Contact Person:	Phone:	
Department/Division:	Mail Code:	
Number of participants requested: Patients:	Patient Controls:	Non-Patient/Normals:
Duration of Project:	Age Range:	Sex: Female Male Both
Would the patient receive radiation if not enrolled in this study?	Yes	No

Radiographic Procedure	
Type of Exam:	View(s):
Number of Procedures:	Number of Films per Exam:
Effective Dose per Procedure (mrem):	Total Effective Dose (mrem):
Dosimetry Reference (must be included):	

Fluoroscopic Procedures	
Type of Exam:	Area(s) Viewed:
Total Time per Procedure:	Number of Procedures:
% of Time Medically Indicated:	% of Additional Time for Research:
Effective Dose per Procedure (mrem):	Total Effective Dose (mrem):
Dosimetry Reference (must be included):	

Computed Tomography (CT)	
Type of Exam:	Area Scanned:
Number of Exams:	Slices, Thickness, and Spacing (if known):
Effective Dose per Exam (mrem):	Total Effective Dose (mrem):
Dosimetry Reference (must be included):	

Radiation Therapy	
X-Ray	Brachytherapy
Type of Procedure:	Licensed Physician:
External Beam Energy:	Sealed Source Isotope:
Number of External Procedures:	Total Activity Used:
Area(s) Irradiated:	Number of Sealed Source Procedures:
External Dose per Procedure (rad):	Sealed Source Dose (rad):
Booster Dose (rad):	Total Dose (rad):
Dosimetry Reference (must be included):	Dosimetry Reference (must be included):

What special precautions are being taken? Is the issue of pregnancy being addressed?

SIGNATURES

Investigator Signature: _____ Date: _____

Department Chairman: _____ Date: _____

RSC Chairman: _____ Date: _____

Radiation Safety Officer: _____ RSC Approval Date: _____
 (UTSWMC)