

# RPR 2D. APPLICATION FOR USE OF RADIATION IN OR ON HUMANS

Surname: \_\_\_\_\_ Initials: \_\_\_\_\_ UNID: \_\_\_\_\_

**In addition to the RESPONSIBLE USER'S TRAINING & EXPERIENCE form (RPR 2A) and the RADIATION USER PERSONAL DATA form (RPR 1A), submit the following:**

*Check each category and type of **clinical** use of radiation for which you are applying, and for each checked category provide evidence of board certification and Authorized Training and Experience and Preceptor Attestation form (DRC-02A).*

<input type="checkbox"/>	<b>Radiation Producing Machines</b>	<input type="checkbox"/>	<b>Sealed Source Use</b>
<input type="checkbox"/>	Operator of diagnostic x-ray equipment (R313-28-350)	<input type="checkbox"/>	Use of manual brachytherapy sources (10 CFR 35.490)
<input type="checkbox"/>	Use of diagnostic x-rays for healing arts screening (R313-28-400)	<input type="checkbox"/>	Ophthalmic use of strontium-90 (10 CFR 35.491)
<input type="checkbox"/>	Therapeutic use of linear accelerator, Physician (R313-30-3)	<input type="checkbox"/>	Use of sealed sources for diagnosis (10 CFR 35.590)
<input type="checkbox"/>	Radiation Therapy Physicist (R313-30-3)	<input type="checkbox"/>	HDR therapeutic medical devices (10 CFR 35.690)
<input type="checkbox"/>	<b>Unsealed Byproduct Material</b>	<input type="checkbox"/>	Microsphere Brachytherapy (10 CFR 35.1000)
<input type="checkbox"/>	Uptake, dilution and excretion studies (10 CFR 35.190)	<input type="checkbox"/>	Other Medical Uses of Byproduct Material (10 CFR 35.1000) Describe Proposed Use:
<input type="checkbox"/>	Imaging and localization studies (10 CFR 35.290)	<input type="checkbox"/>	
<input type="checkbox"/>	Therapeutic use of radiopharmaceuticals (10 CFR 35.390)	<input type="checkbox"/>	
<input type="checkbox"/>	Treatment of hyperthyroidism (10 CFR 35.392)	<input type="checkbox"/>	Authorized user (10 CFR 35.2 and 59)
<input type="checkbox"/>	Treatment of thyroid carcinoma (10 CFR 35.394)	<input type="checkbox"/>	Authorized medical physicist (10 CFR 35.51 and 59)
<input type="checkbox"/>	Parenteral administrations of unsealed byproduct material (10 CFR 35.396)	<input type="checkbox"/>	Authorized nuclear pharmacist (10 CFR 35.55 and 59)

*Check each category of **research** use of radiation in or on humans for which you are applying; separate applications for each new protocol or project must be submitted to the Radioactive Drug Research Committee - Human Use Subcommittee.*

- Research using radioactive materials
- Research using machine-generated radiation (i.e., x-rays, electrons)

**Acknowledgement:**

I have read the University's Radiation Safety Manual and understand the conditions and regulations contained in it. With respect to the requested radiation sources and proposed uses, I acknowledge and accept the responsibility for:

- (a) radiation protection instruction for all involved personnel;
- (b) acquisition of the equipment, supplies and/or services necessary for radiation protection;
- (c) notification of the RSO of any medical event (10 CFR 35.3045 and 3047), accident or abnormal incident.

**Signature of Responsible User:** \_\_\_\_\_ **Date:** \_\_\_\_\_