

# APPLICATION FOR USE OF RADIONUCLIDES IN AND IRRADIATION OF HUMANS INVOLVING STANDARD THERAPEUTIC PROCEDURES

Date: \_\_\_\_\_

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Department/Division: \_\_\_\_\_

3. Location of use & storage: \_\_\_\_\_

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

5. Radionuclide(s) & Chemical Form(s) Requested: \_\_\_\_\_

6. Maximum possession level: \_\_\_\_\_

7. Usual or standard dose per administration: \_\_\_\_\_

8. Identify your training & experience in the clinical applications of radiation.

9. Have you been permitted to use radiation at locations other than USA? \_\_\_\_\_  
Location and dates:

10. Have radiation exposure records been maintained for you at these locations? \_\_\_\_\_

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

12. List formal training received in Radiation Safety or Radionuclides Techniques.

**13. I have read or pledge to read and understand the [University of South Alabama Radiation Safety Procedures Manual](#).**

Everyone working with radioactive materials under my supervision will be required to read this manual and attend an orientation course. No one under the age of 18 will be permitted to work with radioactive material without approval from the Radiation Safety Officer.

\*Medical Doctors requesting permission to use radiation on humans must furnish a current ALABAMA MEDICAL LICENSE. \_\_\_\_\_

\_\_\_\_\_  
**Signature**

Received by Radiation Safety Officer on \_\_\_\_\_

Received by Radiation Safety Committee Chairman on \_\_\_\_\_

Approved on \_\_\_\_\_