

# OHSU RADIOACTIVE MATERIALS LICENSE AMENDMENT

for Medical/Human Use Licenses

Please return form to PP-170

**Your requested changes(s) will not take effect until the Radiation Safety Committee has given formal approval and you are officially notified in writing.**

Physician's Name \_\_\_\_\_ Department \_\_\_\_\_

Phone No. \_\_\_\_\_ Mail Code \_\_\_\_\_ OHSU License No. \_\_\_\_\_

1. Please indicate the change(s) being requested:

a. Clinic or laboratory **location** change:

Present location \_\_\_\_\_ New location \_\_\_\_\_

Include a laboratory diagram of the new location and note when you will want your vacated laboratory to be checked for contamination \_\_\_\_\_.

b. Clinic or laboratory **layout** change:

Describe the change and include a diagram of the new layout.

c. Isotope change(s)	Isotope	Max. Amt mCi	Physical Form eg, liquid, sealed, dry	Chemical Form eg, NaI, PO <sub>4</sub> HtdR	*
Add new Isotope(s)					
Increase Isotope Limit					
Delete Isotope(s)					
Decrease Isotope Limit					

\*Approximate amount that will be ordered per month of each isotope added or increased.

<sup>1</sup>Non routine protocols for human use require special review, and you will need to provide additional information on form **031LIC-M.FRM**.

(1) Please describe how the changes will alter your program.

(a) Patient dose quality control

(b) Shielding

(c) Survey Instruments

(d) Personnel monitoring: Badges? \_\_\_\_\_ Bioassays? \_\_\_\_\_

(e) Radioactive waste handling

(2) State type of Medical, Human Use: Will isotope be used in vivo, (i.e., injected, ingested, or implanted) or in vitro (i.e., the laboratory results are used for clinical evaluations)?

(a) Complete the enclosed preceptor and training forms.

(3) Is this a standard procedure currently in use? Yes No

Please enclose a copy of the protocol and informed consent statement if this is not a standard clinical procedure.

2. Time frame: Do you want this authorization:

Permanently? Yes \_\_\_ Start date \_\_\_\_\_

Temporarily? Yes \_\_\_ Start date \_\_\_\_\_ End date \_\_\_\_\_

3. Do you need expedited Radiation Safety Committee response? Yes No

4. I (we) request that the named license be amended as described above:

	Responsible Physician	Dept. Chair
Signature/Date	/	/
Name (Print)		
Title		