



**UNIVERSITY OF SOUTHERN CALIFORNIA  
RADIATION PROTECTION**

**APPLICATION FOR HUMAN USE OF RADIOACTIVE MATERIALS**

<b>Authorized User:</b>		<b>Permit Number:</b>	
<b>Building:</b>	<b>Room:</b>	<b>IRB Number:</b>	<b>Attach Protocol</b>
<b>IND Number:</b> <b>Attach Certification</b>		<b>RDRC Number:</b>	
<b>Telephone Number:</b>		<b>Begin Date:</b>	<b>End Date:</b>
<b>Project Title</b>			
<b>Brief Description of the Project</b>			
<b>Primary Purpose of This Procedure</b>			
<input type="checkbox"/>	<b>Obtain basic research information regarding metabolism (including kinetics, distribution and localization), human physiology, pathophysiology or biochemistry</b>		
<input type="checkbox"/>	<b>Benefit to health of participating subjects</b>		
<input type="checkbox"/>	<b>Clinical tests of a new radiopharmaceutical product</b>		
<b>Radiopharmaceutical Information</b>			
<b>Radionuclide(s):</b>		<b>Chemical Form:</b>	
<b>Dose per Administration:</b>		<b>Number of Administrations:</b>	
<b>Route of Administration:</b>		<b>Source of Radiopharmaceutical:</b>	
<input type="checkbox"/>	<b>Material Will be Obtained in Pharmaceutically Refined Form for Human Use</b>		
<input type="checkbox"/>	<b>Investigator Will Test Material for Purity, Assay, Sterility and Pyrogenicity</b>		
<input type="checkbox"/>	<b>Investigator Will Prepare, Process, or Modify the Drug In Any Way</b>		
<b>If either of the above two are checked, attach the following:</b>			
1) <b>A copy of procedures for the preparation, processing, or modification of the drug</b>			
2) <b>Copies of the test procedures, which will be used to establish the identity, purity, and non-toxicity of the drug</b>			
3) <b>Copies of the procedures in which batches of the drug will be assayed and tested for sterility and pyrogenicity</b>			
<b>Absorbed Dose Information per Administration</b>			
<b>Primary Critical Organ:</b>		<b>Dose to Primary Critical Organ:</b>	
<b>Secondary Critical Organ:</b>		<b>Dose to Secondary Critical Organ:</b>	
<b>Dose to Whole Body (TEDE):</b>			
<b>Calculations/Source of formula used in dose calculations</b>			
<b>Critical Organs:</b>			
<b>Whole Body:</b>			

<b>Human Subjects Information</b>		
<b>Number of Subjects With Manifest Disease:</b>	<b>Age Range:</b>	<b>Gender:</b>
Describe pathology of subjects with manifest disease:		
<b>Number of Subjects Without Manifest Disease:</b>	<b>Age Range:</b>	<b>Gender:</b>
Describe pathology of subjects with manifest disease:		
<input type="checkbox"/> <b>Patients Will Be Hospitalized</b>	<input type="checkbox"/> <b>Normals Will Be Hospitalized</b>	
<b>Technical Staff Involved in the Project</b>		
	<b>Role/Duties:</b>	
	<b>Role/Duties:</b>	
	<b>Role/Duties:</b>	
	<b>Role/Duties:</b>	
	<b>Role/Duties:</b>	
	<b>Role/Duties:</b>	
<b>Authorization</b>		
<b>Permit Holder Signature:</b>		<b>Date:</b>
<b>Radiation Safety Officer:</b>		<b>Date:</b>