



**UNIVERSITY OF SOUTHERN CALIFORNIA  
RADIATION PROTECTION**

**APPLICATION FOR HUMAN USE OF  
RADIATION PRODUCING DEVICES**

<b>Principal Investigator:</b>		<b>Permit Number:</b>	
<b>Building:</b>		<b>Room:</b>	
<b>IDE Number:</b>	<b>Attach Certification</b>	<b>IRB Number:</b>	<b>Attach Protocol</b>
<b>Telephone Number:</b>		<b>Begin Date:</b>	<b>End Date:</b>
<b>Project Title</b>			
<b>Primary Purpose of the Proposed Procedure</b>			
<input type="checkbox"/>	<b>Obtain Basic Research Information</b>		
<input type="checkbox"/>	<b>Benefit to Health of Participating Subjects</b>		
<input type="checkbox"/>	<b>Clinical Procedure</b>		
<b>Brief Description of the Project</b>			
<b>Type of Procedure</b>		<b>Location of Radiation Producing Device</b>	
<input type="checkbox"/>	<b>Radiographic</b>		
<input type="checkbox"/>	<b>C-arm</b>		
<input type="checkbox"/>	<b>Portable</b>		
<input type="checkbox"/>	<b>Fluoroscopic</b>		
<input type="checkbox"/>	<b>Bone Densitometer – DEXA</b>		
<input type="checkbox"/>	<b>Fluoroscopic</b>		
<input type="checkbox"/>	<b>Accelerator</b>		
<input type="checkbox"/>	<b>Other:</b>		
<b>Personnel</b>			
<b>Name of Device Operator(s):</b>			
<input type="checkbox"/>	<b>Board Certified Radiologist</b>		
<input type="checkbox"/>	<b>Certified Radiological Technologist</b>		
<input type="checkbox"/>	<b>Other: (attach qualifications)</b>		

<b>Personnel Required to Be in the Room While Radiation Device is On or Energized</b>		
	<b>Role/Duties:</b>	
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	<b>Role/Duties:</b>	
<b>Procedure For Controlling Personnel Exposure to Radiation:</b>		
<b>Radiation Dosimetry</b>		
<b>Total Effective Dose Equivalent (TEDE)</b>		
<b>Total Entrance Skin Exposure per Procedure</b>		
<b>Primary Critical Organ</b>		
<b>Dose to Primary Critical Organ per Procedure</b>		
<b>Number of Procedures</b>		
<b>Human Subjects Information</b>		
<b>Number of Subjects With Manifest Disease:</b>	<b>Age Range:</b>	<b>Gender:</b>
<b>Describe pathology of subjects with manifest disease:</b>		
<b>Number of Subjects Without Manifest Disease:</b>	<b>Age Range:</b>	<b>Gender:</b>
<b>Describe pathology of subjects with manifest disease:</b>		
<input type="checkbox"/> <b>Patients Will Be Hospitalized</b>	<input type="checkbox"/> <b>Normals Will Be Hospitalized</b>	
<b>Attachments</b>		
<b>Attach list of pertinent references if not contained in the protocol</b>		
<b>Attach copy of complete protocol including Sections I and II of the IRB application and the Informed Consent Form</b>		
<b>Authorization</b>		
<b>Principle Investigator Signature:</b>	<b>Date:</b>	
<b>Radiation Safety Officer:</b>	<b>Date:</b>	