Application for Use of Radiation Producing Devices in Clinical Research

Complete this form and submit it to: 1) the Radiation Safety Committee with the iStar application, protocol and consent forms to cpickering@chla.usc.edu (and cc radsafetyoffice@chla.usc.edu) via e-mail.

Principal Investigator:	CHLA IRB Number:
Position/Title	Date Submitted to IRB:
CHLA Mailstop:	Attach Protocol
Telephone Number:	Begin Date: End Date:
Project Title	

Primary Purpose of the Proposed Radiologic Procedure	
☐	Obtain Basic Research Information
☐	Benefit to Health of Participating Subjects
☐	Other (define)

Brief description of the project, radiation requirements, and how the radiation procedure differs from standard of care.

Type of Procedure		Location of Radiation Producing Device
☐	Radiographic (X-ray, portable, dental)	
☐	CT studies	
☐	Fluoroscopic (C-arm, Fluoroscan)	
☐	Nuclear medicine (PET, SPECT)	
☐	DEXA	
☐	Accelerator	
☐	Other:	

Personnel	
Name of Device Operator(s):	
☐	Board Certified Radiologist
☐	Certified Radiological Technologist
☐	Other: (attach qualifications)

Personnel Required to Be in the Room While Radiation Device is On or Energized	
	Role/Duties:
	Role/Duties:
	Role/Duties:
	Role/Duties:
	Role/Duties:

Subject Radiation Dosimetry	
Total Effective Dose Equivalent (TEDE)	
Total CTDI for CT Scan Dose	
Total Entrance Skin Exposure per Procedure	
Primary Critical Organ	
Dose to Primary Critical Organ per Procedure	
Number of Procedures per Subject per Year	
Number of Years each Subject will be Receiving Radiation	
Number of Subjects per Study	

Human Subjects Information		
Number of Subjects With Manifest Disease:	Age Range:	Gender:
Describe pathology of subjects with manifest disease:		
Number of Subjects Without Manifest Disease:	Age Range:	Gender:
☐ Patients Will Be Hospitalized	☐ Normals Will Be Hospitalized	

Attachments
Attach list of pertinent references including dosimetry references
Attach copy of complete iStar application and the Informed Consent Form(s)

Authorization	
Principal Investigator Signature:	Date: