UNIVERSITY OF IOWA HOSPITALS & CLINICS
APPLICATION FOR CLINICAL USE OF RADIOACTIVE MATERIAL DEVICES

APPLICATION #  
(Assigned by EHS)

ITEM 1: RADIOACTIVE SOURCE:
(List radionuclide and physical form.)

☐ FDA Approved  
510K Number

ITEM 2: DEVICE DESCRIPTION:
(If applicable list name and manufacturer of radiation delivery device.)

☐ FDA Approved  
510K Number

ITEM 3: DESCRIPTION OF CLINICAL USE:
(Describe or attach manufacturer’s product usage literature.)

ITEM 4: AUTHORIZED USER:
(List name of the specific individual or for general authorized use check box below)

☐ Physicians holding University of Iowa Hospital Staff privileges in Nuclear Medicine appropriate to the diagnostic use of sealed sources, whose credentials and qualifications have been approved by the University of Iowa Hospital Radiation Safety Review Group. (Under this general approval the Certification Statement below requires the signature of the Nuclear Medicine Division Head.)

☐ Physicians holding University of Iowa Hospital Staff privileges in Radiology, Therapeutic Radiology, or Radiation Oncology appropriate to the diagnostic or therapeutic use of sealed sources, whose credentials and qualifications have been approved by the University of Iowa Hospital Radiation Safety Review Group. (Under this general approval the Certification Statement below requires the signature of the appropriate Division Head.)

ITEM 5: RADIATION SAFETY PROCEDURES:
(Provide general description of procedures to meet regulatory and policy requirements)

ITEM 6: CERTIFICATION STATEMENT:

This is to certify that the radioactive source in question (Item 1) and applicable delivery device (Item 2) will be used for routine clinical use as described (Item 3) by the authorized user(s) specified (Item 4). All usage shall be in accordance with the radiation safety procedures described (Item 5) and other applicable University, state and federal policies and regulations.

_________________________________________   ____________________
Signature (Authorized User/Division or Dept. Head) Date

_________________________________________   ____________________
Typed Name                Title