

NORTH CAROLINA STATE UNIVERSITY
ENVIRONMENTAL HEALTH AND PUBLIC SAFETY
RADIATION SAFETY DIVISION

CVM VTH RADIATION PRODUCING DEVICE AUTHORIZATION FORM

Principal Investigator: _____ Protocol #: _____

Signature: _____ Date: _____

SECTION ONE: DEVICE/PERSONNEL INFORMATION:

(Device may include X-ray machines, CT scanner, Portable X-ray, Cabinet X-ray, Dental or other related apparatus.)

Imaging Modality: _____

Location of Imaging Equipment: _____

Personnel Associated with Research Project: _____

SECTION TWO: RADIATION PRODUCING DEVICE RESEARCH PROPOSAL:

- Please explain intended research endeavors, including protocol information (purpose of study, type of subjects/quantity) duration of project, staff involvement/training of staff, assistance from other departments if you are not currently a PI for imaging devices.
- Please include a current CV of the PI.

SECTION THREE: ADDITIONAL INFORMATION (Training documentation, co-researcher information, previous study information/publications)

* If research staff participate in or directly perform the imaging of the subjects, radiation safety training is required before research begins.

REVIEW AND APPROVALS:

Chair, Radiation Safety Committee: _____

Date: _____

CVM Subcommittee: _____

Date: _____

Radiation Safety Officer: _____

Date: _____

RSD ONLY:

Shielding Calculations: _____ yes _____ no

Scatter Survey: _____ yes _____ no

Postings: _____ yes _____ no

Dosimetry: _____ yes _____ no