

SHORT FORM APPLICATION FOR AUTHORIZATION TO USE RADIATION WITH HUMAN SUBJECTS

RSO Form 31 (1/04)

at UNIVERSITY OF WASHINGTON LICENSED FACILITIES

DOCKET NO. _____

**SHORT FORM to BE USED ONLY for DIAGNOSTIC X-RAYS of SUBJECTS 18 YEARS of AGE or OLDER.
THIS EXCLUDES FLUOROSCOPIC PROCEDURES and/or SUBJECTS LESS THAN 18 YEARS OLD.**

1. **APPLICANT:** (*The Principal Investigator must be a member of the UW Faculty.* Attach list for other investigators.)
Principal Investigator _____ Dept/Div _____ Box# 35
UW Faculty Position _____ SSN _____ DOB _____
Credentials (e.g. MD, PhD) _____ Email _____ Phone _____
2. **TITLE OF PROPOSED ACTIVITY** (Should be the same as on the Human Subjects Review Committee Application, Form UW 13-11):

3. HUMAN SUBJECT REVIEW DATE:
4. BRIEF DESCRIPTION AND JUSTIFICATION OF RADIATION USE AND ITS PURPOSE:

5. DOSE RECEIVED FROM RADIATION:

6. PRIOR TO EXPOSURE TO RADIATION OR RADIOACTIVE MATERIALS, ARE POTENTIAL SUBJECTS REJECTED IF THEY ARE OR MIGHT BE PREGNANT? YES NO N/A
IF ANSWER IS YES, HOW IS NON-PREGNANCY ASSURED?
7. SOURCE OF FUNDING:
8. LOCATION(S) WHERE RADIOGRAPHIC PROCEDURES WILL BE DONE:

9. ATTACH ONE COPY EACH OF THE FOLLOWING DOCUMENTS. **THIS APPLICATION CANNOT BE REVIEWED, IF THESE DOCUMENTS ARE NOT ENCLOSED.**
 - HUMAN SUBJECTS REVIEW COMMITTEE APPLICATION (Form UW 13-11). Attached:
 - CONSENT FORM(S). Attached:
 - PROTOCOL AND/OR LITERATURE REVIEW
(If the protocol does not include a thorough discussion of the literature and a list of references, an annotated bibliography (literature review) must also be provided.) Attached:

Please submit this application with original signature, NOT a photocopy signature.

THE INVESTIGATOR ACCEPTS FULL RESPONSIBILITY FOR THE SAFE USE OF RADIATION AS DESCRIBED IN THIS APPLICATION. THE INVESTIGATOR FURTHER AGREES TO CONFORM TO THE RULES AND REGULATIONS FOR RADIATION PROTECTION, WAC 246, UNIVERSITY OF WASHINGTON RADIOACTIVE MATERIALS LICENSE CONDITIONS AND UNIVERSITY OF WASHINGTON RADIATION SAFETY COMMITTEE POLICIES.

INVESTIGATOR: _____
TYPED NAME PLUS SIGNATURE DATE

THE DEPARTMENT CHAIR HAS REVIEWED THE FEASIBILITY AND SCIENTIFIC MERIT OF THIS PROPOSAL.

DEPARTMENT CHAIR: _____
TYPED NAME PLUS SIGNATURE DATE