UNIVERSITY OF VIRGINIA
QUALIFIED USER (QU) APPLICATION
FOR RADIOACTIVE MATERIAL USE

Please fill out completely and submit to the Radiation Safety Office

1. APPLICANT NAME (LAST, FIRST)	1a. POSITION / TITLE	1b. Employee ID Number	2. DATE

3. UVa Computing ID	3a Email	3b. PHONE NUMBER

3c. BUILDING & ROOMS WHERE RADIOACTIVE MATERIAL WORK WILL BE PERFORMED	4a. PRINCIPAL INVESTIGATOR or AUTHORIZED USER NAME	4b. PREVIOUSLY AUTHORIZED BY UVa RADIATION SAFETY COMMITTEE AS: ☐ GENERAL USER FOR YEARS ☐ QUALIFIED USER FOR YEARS FORMER PI or AU

5a. DO YOU PLAN TO USE RADIOACTIVE MATERIAL WITH HUMAN SUBJECTS? ☐ YES (PLEASE COMPLETE ITEM 10. OF THIS APPLICATION) ☐ No	5b. DO YOU PLAN ON USING RADIOACTIVE MATERIAL IN ANIMALS? ☐ YES ☐ No

5C. LIST THE ISOTOPES YOU ARE REQUESTING AUTHORIZATION TO WORK WITH:

5D. LIST THE EQUIPMENT YOU ARE REQUESTING AUTHORIZATION TO WORK WITH:

6. PERSONNEL MONITORING & PROTECTION

Please refer to the table at the end of this application to determine the need for dosimetry.

☐ I CURRENTLY HAVE A WHOLE BODY BADGE
☐ I CURRENTLY HAVE A RING BADGE
☐ I DON'T REQUIRE A BADGE SINCE I'LL ONLY BE WORKING WITH H-3, C-14, S-35, OR P-33
☐ I REQUIRE DOSIMETRY AND WILL COMPLETE AND SUBMIT A DOSIMETER APPLICATION FORM
☐ I DO NOT REQUIRE BADGE(S) – USE DOES NOT EXCEED AMOUNTS IN GUIDELINE

7. TRAINING

ACADEMIC APPLICANTS

You must complete radiation safety training and pass the test before this application will be processed or approved:

Radiation Safety Training Course, unless you taken training at another facility. If yes, plese list the training and location:

MEDICAL APPLICANTS

Please describe your training and complete Item 10:

8. EXPERIENCE

NUCLIDES USED	QUANTITY, mCi	INSTITUTION	DATES	TYPE OF USE

9. THE UNIVERSITY OF VIRGINIA RADIATION SAFETY PROGRAM MANUAL CONTAINS THE POLICIES AND RULES WHICH GOVERN THE USE OF IONIZING RADIATION PRODUCING MATERIALS AND EQUIPMENT AT UVA AS SPECIFIED BY THE RADIATION SAFETY COMMITTEE AND MUST BE ADHERED TO BY ALL USERS. YOU CAN FIND THE MANUAL AT:

Radiation Safety Program Manual, UVA-EHS (virginia.edu)

BY MY SIGNATURE, I ATTEST THAT ALL INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE:

APPLICANT SIGNATURE: DATE:

PI SIGNATURE: DATE:

FOR ACADEMIC QUALIFIED USERS:
THIS QUALIFIED USER APPLICANT HAS PERMISSION TO ORDER RADIOACTIVE MATERIAL IN MY ABSENCE: ☐ Yes ☐ No ☐ N/A

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EHS USE ONLY			
☐ ACADEMIC QU		☐ MEDICAL USE QU	
DATE RECEIVED:	RECEIVED THE PROPER DOCUMENTATION? ☐ YES ☐ NO		☐ Application entered into HP
Health Physicist/ARSO Review: ☐ Recommended Approval Comments:		Signature: Date:	
ARSO/RSO Review: ☐ Recommended Approval Comments:		Signature: Date:	

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ITEM 10.

Complete Item 10 only if you will be using radioactive materials on human subjects.

Answer the following

a. Check your status – ☐ **faculty/**☐ **staff/**☐ **resident/**☐ **fellow/**☐ **student**
b. Are you board certified or registered? ☐**Yes** ☐ **No**
c. If yes, by which organization?
d. Date of Certification:
e. Are you working with radioactive seed localization procedures? ☐**Yes** ☐ **No**
If yes, provide the following information:

1. **Surgeons**, working under the supervision of an authorized user described above, who insert the seed, or locate and remove the tissue containing the seed(s) should complete radiation safety training that includes: • Performing the related radiation surveys using appropriate instrumentation (i.e., intraoperative gamma probe) employed to identify the location of implanted seeds for excision; • Identifying radioactive seed appearance, characteristics, radiation safety handling procedures and precautions; • Performing routine monitoring before, during, and after all uses of the seeds to ensure rapid identification and remediation of a damaged, ruptured, lost/missing or leaking source; and • Emergency procedures, including how to respond to a leaking source.

2. **Pathology Personnel** handling specimens containing radioactive material should be instructed in the radiation safety aspects of safely handling the seeds and should complete radiation safety training that includes: • Identifying radioactive seed appearance, characteristics, safe handling procedures and precautions; • Minimizing time handling the specimen containing the seed(s); • Using an appropriate survey instrument to perform surveys of hands and work areas following handling of the specimen; • Performing routine monitoring after all uses of the seeds to account for all seeds specified in the prescription and to ensure rapid identification and remediation of a ruptured, lost/missing or leaking source; • Emergency procedures to be followed in the event contamination is identified or a seed is suspected of being damaged, ruptured or leaking; • Accountability, security of the seeds post-implantation; and • Proper disposal of the seeds and/or specimens containing the seed(s).

Include documentation of the completed training for review by your supervisor and AU.

I certify that the above applicant has the required certification or registration or training for use with human subjects:

Supervisor Name:
Supervisor Signature:
Title:
Date:

AU Name:
AU Signature:
Title:
Date:

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Radiation Dosimetry Guidelines

Radioisotope(s)	Activity, mCi	Type of Monitoring
C-14,H-3,P-33 & S-35	any amount	none required
P-32	< 6 mCi	none required
	≥ 6 mCi to < 30 mCi	ring dosimeter
	≥ 30 mCi	ring badge & whole body dosimeter
Ca-45	< 50 mCi	none required
	≥ 50 mCi	ring dosimeter
Low Energy Gamma Ray Emitters, < 200 keV (I-125, Tc-99m, Tl-201)	< 50 mCi	none required
	≥ 50 mCi	ring and whole body dosimeter
High Energy Gamma Ray Emitters, ≥ 200 keV (Cr-51, I-131, Co-60, Cs-137)	< 2 mCi	none required
	≥ 2 mCi to < 5 mCi	ring dosimeter
	≥ 5 mCi	ring badge & whole body dosimeter