

UNIVERSITY OF VIRGINIA

QUALIFIED USER (QU) APPLICATION

FOR RADIOACTIVE MATERIAL USE

Please fill out completely and submit to the Radiation Safety Program

1. APPLICANT NAME (LAST, FIRST)		1a. POSITION / TITLE		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: <input type="checkbox"/> GENERAL USER FOR _____ YEARS <input type="checkbox"/> QUALIFIED USER FOR _____ YEARS FORMER PI or AU	
5a. DO YOU PLAN TO USE RADIOACTIVE MATERIAL WITH HUMAN SUBJECTS? <input type="checkbox"/> YES (PLEASE COMPLETE ITEM 10. OF THIS APPLICATION) <input type="checkbox"/> No			5b. DO YOU PLAN ON USING RADIOACTIVE MATERIAL IN ANIMALS? <input type="checkbox"/> YES <input type="checkbox"/> 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.					
<input type="checkbox"/> I CURRENTLY HAVE A WHOLE BODY BADGE					
<input type="checkbox"/> I CURRENTLY HAVE A RING BADGE					
<input type="checkbox"/> I DON'T REQUIRE A BADGE SINCE I'LL ONLY BE WORKING WITH H-3, C-14, S-35, OR P-33					
<input type="checkbox"/> I REQUIRE DOSIMETRY AND WILL COMPLETE AND SUBMIT A DOSIMETER APPLICATION FORM					
<input type="checkbox"/> 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, please 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: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					

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

Please fill out completely and submit to the Radiation Safety Office

EHS USE ONLY			
<input type="checkbox"/> ACADEMIC QU		<input type="checkbox"/> MEDICAL USE QU	
DATE RECEIVED:	RECEIVED THE PROPER DOCUMENTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		Application entered into HP
Health Physicist/ARSO Review: <input type="checkbox"/> Recommended Approval Comments:		Signature: Date:	
ARSO/RSO Review: <input type="checkbox"/> Recommended Approval Comments:		Signature: Date:	

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

Please fill out completely and submit to the Radiation Safety Office

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:

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

Please fill out completely and submit to the Radiation Safety Office

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