



**RSM-1 Medical Use of Radioactive Material Application  
User Information and Approved Supervisor Authorization**

**Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Title:** \_\_\_\_\_ **OSU Kerberos ID:** \_\_\_\_\_  
(Name.#)

**OSU ID:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Division:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **After Hours Contact:** \_\_\_\_\_

**Specialty Board Certification:** \_\_\_\_\_

**OSU Medical Radiation Safety Short Course – Date of Completion:** \_\_\_\_\_

**Authorization Sought For:**

- 3701:1-58-19 Authorized Medical Physicist
- 3701:1-58-20 Authorized Nuclear Pharmacist
- 3701:1-58-32 Use of unsealed radioactive material for uptake, dilution, and excretion studies for which a written directive is not required.  
Radionuclides: \_\_\_\_\_
- 3701:1-58-34 Use of unsealed radioactive material for imaging and localization studies for which a written directive is not required  
Radionuclides: \_\_\_\_\_
- 3701:1-58-37 Use of unsealed radioactive material for which a written directive is required.  
Radionuclides: \_\_\_\_\_
- 3701:1-58-43 Use of manual brachytherapy sources  
Radionuclides: \_\_\_\_\_

- 3701:1-58-53 Use of sealed sources for diagnosis  
Radionuclides: \_\_\_\_\_
- 3701:1-58-55 Use of teletherapy units, remote afterloader units (HDR), and gamma stereotactic radiosurgery units
- 3701:1-58-72 Other medical uses of radioactive material or radiation from radioactive material:
  - Use of I-125 Low Dose Rate Brachytherapy Seeds for Localization
  - Use of Gamma Knife Perfexion
  - Use of Yttrium-90 (Y-90) Microspheres

**Location of Use (Check all that Apply):**

- |                            |   |  |
|----------------------------|---|--|
| University Hospitals:      | <input type="checkbox"/> Nuclear Medicine   | <input type="checkbox"/> Radiology / VIR |
|                            | <input type="checkbox"/> Nuclear Pharmacy   | <input type="checkbox"/> Surgery         |
|                            | <input type="checkbox"/> Patient Room       | <input type="checkbox"/> Other: _____    |
| The James Cancer Hospital: | <input type="checkbox"/> Nuclear Medicine   | <input type="checkbox"/> Radiology / VIR |
|                            | <input type="checkbox"/> Radiation Oncology | <input type="checkbox"/> Surgery         |
|                            | <input type="checkbox"/> Patient Room       | <input type="checkbox"/> Other: _____    |
| The Ross Heart Hospital:   | <input type="checkbox"/> Nuclear Medicine   | <input type="checkbox"/> Radiology       |
|                            | <input type="checkbox"/> Cath Labs          | <input type="checkbox"/> Surgery         |
|                            | <input type="checkbox"/> Patient Room       | <input type="checkbox"/> Other: _____    |
| University Hospital East:  | <input type="checkbox"/> Nuclear Medicine   | <input type="checkbox"/> Radiology       |
|                            | <input type="checkbox"/> Cath Labs          | <input type="checkbox"/> Surgery         |
|                            | <input type="checkbox"/> Patient Room       | <input type="checkbox"/> Other: _____    |
| The James Breast Center:   | <input type="checkbox"/> Radiation Oncology | <input type="checkbox"/> Radiology/Mammo |
| Other: _____               | <input type="checkbox"/> _____              | <input type="checkbox"/> _____           |
|                            | <input type="checkbox"/> _____              | <input type="checkbox"/> _____           |

**Radioactive Material Use:**

- Clinical Application       Research       Both

If radioactive material will be used for research, attach documentation of approval from the Human Subjects Radiation Committee and include the IND Number or approval by authorized RDRC.

IND Number: \_\_\_\_\_

Will use involve the release of individuals containing unsealed radioactive materials and/or sealed source implants containing radioactive material?

- Yes       No

**Training:**

Approved users must receive radiation safety training prior to using radioactive materials/radiation and annually thereafter as applicable. Initial training includes the completion of the OSU Medical Radiation Safety Short Course offered through the Radiation Safety Section. On the job, site / use specific training shall be provided by the users department. Documentation of the training must be maintained and include at a minimum a description of the training topics, attendance, and dates of completion.

**Supervisor’s Acknowledgment of Responsibility:**

Please be advised, this authorization is limited to standard clinical practice as approved under OAC 3701:1-58 and/or corresponding State of Ohio regulations.

- A. Insuring a commitment to the philosophy to keep radiation exposures **As Low As Reasonably Achievable (ALARA)** in keeping with the University’s commitment to the ALARA concept;
- B. Insuring every user under your supervision has been instructed in, or have read, OAC Chapter 3701:1-38, OAC 3701:1-58, the *Radiation Safety Standards for The Ohio State University*, and the contents of this permit. All personnel should be prepared to make such a declaration to Ohio Department of Health representatives;
- C. Insuring all users of radioactive material participate in the OSU Medical Radiation Safety Short Course and required on the job, site / use specific training prior to beginning work;
- D. Notifying Radiation Safety immediately of any new individuals who require the approval for the use of radioactive materials;
- E. Any radiopharmaceutical used shall have FDA approval or be used in conformance with applicable regulations of the State of Ohio for practices of medicine or practice of pharmacy;
- F. Maintaining records of receipt and disposition of all radioactive materials used;
- G. Insuring the procedures and precautions are followed; and
- H. Maintaining postings of the Ohio Department of Health *Notice to Employees* and other appropriate caution signs, labels, and signals as may be required by OAC 3701:1-58 and the Ohio Administrative Code rule 3701-38-20 (Caution signs, labels, and signals).

In addition to the above, I certify I have read OAC Chapter 3701:1-38, OAC 3701:1-58, and the *Radiation Safety Standards for The Ohio State University*. Moreover, I agree to abide by these regulations, by all statements, precautions, and procedures presented in this application; and by any conditions added by the URSC during its review. Radiation Safety will forward such conditions to me, in writing.

**I have read the above requirements, understand them, and will abide by them.**

Applicants Name (Typed or Printed)	Applicants Signature	Date
Supervising Individual (Typed or Printed)	Supervising Individuals Signature	Date

Title of Supervising Individual: \_\_\_\_\_

Supervising Individual Meets the Training and Experience Requirements of the Following Use(s):

- 3701:1-58-32       3701:1-58-34       3701:1-58-37       3701:1-58-43
- 3701:1-58-53       3701:1-58-55       3701:1-58-72      \_\_\_\_\_