

**APPLICATION FOR USE OF RADIONUCLIDES IN HUMANS
INVOLVING STANDARD DIAGNOSTIC AND THERAPEUTIC PROCEDURES**

INSTRUCTIONS: **A Personal Data Form must accompany this application** if not previously filed.

NAME _____ DATE _____

1. Radionuclide(s) _____ Chemical Form(s) _____

2. Location(s) of use _____

3. Location(s) of storage _____

4. Maximum possession level _____

5. Usual or standard dose per administration _____

6. If therapeutic use of the radionuclides is intended, show sample calculations for computing dose. Identify each term and attach references to verify constants.

7. Attach a separate sheet of paper identify your training experience in the clinical applications of radionuclides.

8. List the people under your supervision who will be working with the requested radioactive material(s). Give dates of birth and experience using radionuclides.

Signature