

 Protocol Radiation Use Sheet 

Study Title:

PI:

The information in this form will determine the level of review at the Human Use Subcommittee of the Radiation Safety Committee (HUS/RSC). *Imaging that requires HUS/RSC review include: X-Ray, Bone Scans, MUGA Scans, CT scans, PET scans, PET/CT scans, Bone Density Scans, Mammograms, Skeletal Surveys, Fluoroscopy, or any type of radiation therapy or radioactive agent.*

Standard of Care: Scans are *consistent with standard clinical care* that would be obtained on patients with this disease as part of their routine care, whether or not the patient was enrolled into this research study.

Study-Related: This *exceeds what would be considered standard clinical care* that would be obtained on patients with this disease, and is being done for the purposes of this study.

If you have any questions please contact:

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Please check the box below that best corresponds with the life expectancy of the patient population to be studied:

≤2 years 2-5 years 5-10 years ≥10 years

***On average how long would you expect a patient to remain on this trial? _____ months

***Length of cycle (i.e: days) = _____

Type of Imaging: _____

- All scans are considered Standard of Care
- Some scans *exceed* Standard of Care. Please identify below:

1) Screening:

Study-Related

2) Every 6 weeks

Study-Related

COMMENTS: _____

Number of ____ scans to be performed in one year period of time =

Type of Imaging: _____

- All scans are considered Standard of Care
- Some scans exceed Standard of Care. Please identify below:

3) Screening:

Study-Related

4) Every 6 weeks

Study-Related

COMMENTS: _____

Number of ____ scans to be performed in one year period of time =

RADIATION

- All radiation is considered Standard of Care
- Some radiation exceed Standard of Care. Please identify below in comments:

COMMENTS: _____

PI Signature: _____ Date: _____