

**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