

Yale University Radiation Safety Committee Human Use Protocol Review Cover Sheet

HIC#:						
Title:						
PI:				AU:		
Tracer Name	Source	RDRC/IND /eIND	# of Injections	Max Dose per Injection (mCi)	Max Infusion Duration (mins)	Max Scan Duration (mins)
Other Radiation Sources						
Name	Source	# of Exposures	Purpose			
Total number of research subjects covered by protocol:						
Will any radioactive samples need to be transported from the PET Center? Yes No						
If yes, describe:						
Please highlight any unique aspects or differences between this study and those typically performed at the PET Center:						
Expected/desired start date of protocol:						
Will RSC approval in 30 days support this start date? Yes No						
If no, when is RSC approval needed by?						
<i>The RSC strives to complete protocol reviews within 30 days of submission.</i>						

Please return the completed form to ehs@yale.edu.

FOR EHS USE ONLY

New process initiation form complete, approved and on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no and new process form is being submitted along with HIC protocol, is the new process form recommended for approval?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
Is there consistency between HIC and YNHH submissions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is AU listed and approved on both YNHH and HIC forms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is PET Center listed as a location of study?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a pregnancy test to be performed the day of the scan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a RSC member reviewed and approved the protocol?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EHS notes or comments:

EHS items to be addressed at kick-off meeting:

Protocol reviewed by: _____ Date: _____

EHS Kick-Off Meeting Notes _____ Date: _____

In attendance: _____

Notes: _____
