**VA Northeast Ohio Healthcare System (VANEOHS)**

**Human Research Involving Ionizing Radiation**

**Principal Investigator** *(PI):*  / Date:  *title*

Protocol Title:

PI Affiliation to VANEOHS:

PI email: mail address: Phone#:

**Co-Investigators** *(list all co-investigators & title):*

**Research Coordinator:**  Phone # email:

**Proposed Human Exposure** *(attached protocol as needed)*:

**yes / no** Patient exposure is necessary apart from this proposed research *(i.e., patient would be prescribed the same radiation exposure if not enrolled in this study)*?

**yes / no** Patient exposure is consistent with standard of care *(i.e., X-ray, CT, fluoroscopy or nuclear medicine received by patient is the same as routinely prescribed medical care)*?

If patient exposure is **NOT** consistent with standard of care; provide a detailed description of;

* X-ray technique factors *(KV, mAs, exposure time and other setings)*
* Nulcear Medicine/Radiation Therapy radiopharmacuetical, radioisotope and activity
* Other patient radiation exposure and/or radioactive material use.

**Standard of Care Exposure** *(list all patient exposure appling to research)*

Radiography *(List each X-ray part of body, view & # of exposures);*

CT *(List each view of body /organ & protrocol);*

Fluoroscopy *(list area of body, run time and techique settings);*

Other Radiology Studies *(check all that apply);*

\_\_\_ Mamography \_\_\_ Bone Density \_\_\_ Dental

**Nuclear Medicine** *(list all studies; radiopharmaceutical, radioisotopes and radioactivity);*

**Other** *(e.g., radiation therapy, radioactive material, X-rays etc . . .);*

PI Signature: / Date