**radiation declaration form**

Title of Study: ­­­­­­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief Investigator: ­­­­­­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Principal Investigator (St. Vincent’s Hospital): ­­­­­­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name the person who completed this form on behalf of the Chief (or Principal) Investigator / Sponsor:

|  |  |
| --- | --- |
| Name |  |
| Name |  |
| Organization |  |
| Contract number |  |
| Contact email |  |

On behalf of the Chief (or Principal) Investigator / Sponsor, I hereby confirm that this research study **involves** exposure to medical ionizing radiation.

1. The details of this radiation exposure are as follows:

**Please note that where the medical exposure to radiation will take place in St. Vincent’s Hospital (excluding the St. Vincent’s Hospital Private Clinic), the research involving exposure will not be permitted to proceed without the approval of the hospital Radiation Safety Committee.**

**2 (a)** Will any of the medical exposure to radiation take place in St. Vincent’s Hospital (excluding the St. Vincent’s Hospital Private Clinic)?Yes/No

**2 (b)** If yes, which medical exposures will take place in St. Vincent’s Hospital?

**2 (c)** Please specify any other organizations where medical exposure will take place, and specify what medical exposures you are referring to.

|  |  |
| --- | --- |
| Name of organization where medical exposure is taking place | Name of medical exposure e.g. CT scan |
|  |  |
|  |  |

or

On behalf of the Chief (or Principal) Investigator / Sponsor, I hereby confirm that this research study **does not involve** exposure to medical ionizing radiation.