

# NOTIFICATION OF A RESEARCH STUDY INVOLVING EXPOSURE OF HUMANS TO IONISING RADIATION



Regulation 45 of the *Radiation Protection and Control (Ionising Radiation) Regulations 2000* requires principal researchers to notify the Radiation Protection Branch of their intention to undertake research involving exposure of research participants to ionising radiation and to provide summary information which demonstrates their compliance with RPS8 *Code of Practice for the Exposure of Humans to Ionizing Radiation for Research Purposes* (2005), as in force from time to time. The code is available at [www.arpsa.gov.au/pubs/rps/rps8.pdf](http://www.arpsa.gov.au/pubs/rps/rps8.pdf).

You can do this by completing this form<sup>1</sup> and sending it to: **Manager, Radiation Protection, Environment Protection Authority, GPO Box 2607, Adelaide 5001.**

Principal research details	
Name	
Position	
Organisation/Dept	
Contact details	Email: _____ Telephone: _____
Research project details	
Title of research project	
Justification/reason for the use of radiation	
Irradiation procedure(s) to be used <sup>2</sup>	
Irradiation performed at which location	
Research participants	Maximum number: _____ Age of participants: _____ years Life expectancy: _____ years Will the research involve irradiation of pregnant or breastfeeding participants? <b>Y / N</b>
Effective dose(s)	Will participants' radiation dose exceed the dose constraints in Table 1 of RPS8? <b>Y / N</b> Total: Effective dose: _____ Risk category <sup>3</sup> : _____

<sup>1</sup> If insufficient space is provided, please attach required information.

<sup>2</sup> Please include the following: (a) type(s) of apparatus/radioactive source(s), (b) radiation procedure(s) to be used, including the number and frequency of procedures per participant per year and over the total course of the project, and (c) where the procedures will be carried out.

<sup>3</sup> See Annex 1 in RPS8 for how to categorise risk.

<b>Human Research Ethics Committee (HREC) details</b>	
Name of HREC	
Contact details:	Name of chairperson: _____ Email: _____ Telephone: _____
<b>Medical physicist #1 details</b>	
Name(s)	
Organisation/Dept	
Contact details	Email: _____ Telephone: _____
<b>Medical physicist #2 details (if required)</b>	
Name(s)	
Organisation/Dept	
Contact details	Email: _____ Telephone: _____
<b>Certification</b>	
<p><b>Representative, Human Research Ethics Committee (HREC)</b></p> <p>I certify that the research set out in this notification was considered and approved by the HREC.</p> <p>Signature of HREC representative: _____ Date: _____</p> <p>Position of HREC representative: _____</p>	