APPLICATION FOR
RADIOACTIVE MATERIALS LICENSE FOR HUMAN-USE

Please TYPE all the information.

ITEM – 1

Item 1 (a)

__________    New License (*see ITEM 5)

__________    Renewal of License

__________    Amendment

Item 1 (b)

Name: ___________________________________________________

Department: ______________________________________________

Unit: _____________________________________________________

Academic Title: ___________________________________________

Administrative Title: _______________________________________
(If Applicable)

Office Address: __________________________________________

Office Phone #: __________________________________________

Cell Phone #: ___________________________________________
ITEM – 2
Radioactive Material for Medical Use (Check Items Desired)

______ 10 CFR 31.11
(use of byproduct material for in vitro clinical or laboratory testing)
Includes $^{125}$I-<10 µCi, $^{131}$I-<10 µCi, $^{14}$C-<10 µCi, $^{3}$H-<50 µCi, $^{59}$Fe-<20 µCi, $^{75}$Se-<10 µCi, Mock $^{125}$I ($^{129}$I -<0.05 µCi, $^{241}$Am -<0.005 µCi), $^{57}$Co-<10 µCi).

______ 10 CFR 35.100 Subpart - D
(Use of radiopharmaceuticals for uptake, dilution and excretion studies)

______ 10 CFR 35.200 Subpart - D
(Use of radiopharmaceuticals for imaging and localization studies)

______ 10 CFR 35.300 Subpart – E
(Use of radiopharmaceuticals for therapy - Written Directive required)
Complete ITEM - 3 of this application.

______ 10 CFR 35.400 Subpart - F
(Use of sealed sources for manual brachytherapy)
Circle the sealed sources for which authorized use is requested.
(a) $^{137}$Cs  (b) $^{60}$Co  (c) $^{198}$Au  (d) $^{192}$Ir  (e) $^{90}$Sr  (f) $^{125}$I  (g) $^{103}$Pd

______ 10 CFR 35.500 Subpart - G
(Use of sealed sources for diagnosis)
Circle the sealed sources for which authorized use is requested.
(a) $^{125}$I  $^{241}$Am  $^{153}$Gd  in a device for bone mineral analysis.
(b) $^{125}$I  in a portable imaging device.
Specify device: __________________________________________

______ 10 CFR 35.600 Subpart - H
(Use of sealed source in a remote afterloader unit, teletherapy unit, or gamma stereotactic radiosurgery unit)
Circle the following sealed sources for authorized use.
(a) $^{192}$Ir  Varian GammaMed Plus IX HDR Remote Afterloader Unit

______ 10 CFR 35.1000 Subpart - K
(Other Medical Uses of Byproduct Material or Radiation from Byproduct Material or Emerging Technologies) Circle the following sealed sources for authorized use.
(a) $^{125}$I - Iotrex Gliasite;  (b) $^{131}$Cs - Cesitrex Gliasite;  (c) $^{90}$Y – SIRSpheres;
(d) $^{90}$Y – TheraSpheres;  (e) Other __________________

______ Procedures Authorized in Program Interest ID - 450669
ITEM – 3
Complete only if checked for 10 CFR 35.300 Subpart E

<table>
<thead>
<tr>
<th>Element and Mass No.</th>
<th>Chemical Form</th>
<th>Activity needed per patient (mCi)</th>
<th>Purpose</th>
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(Attach additional sheets if necessary)

ITEM – 4
Please attach letters of Faculty appointment and UH Medical/Dental staff appointment.

New Jersey Medical License No: ________________________________

Date of current faculty appointment: ____________  Expiration Date: ________
(Please provide renewal date, if you already have a license)

Date of current appointment to UH Medical/Dental Staff: ____________  Expiration Date: ________
(Please provide renewal date, if you already have a license)
ITEM – 5
Please list specialty board certifications and submit a copy of your certificates:

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<thead>
<tr>
<th>Special Board Date</th>
<th>Category</th>
<th>Month and Year Certified</th>
<th>Expiration</th>
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Signature: _______________________________

Date: _______________________________