

## INSTRUCTIONS

---

- 1) Complete all applicable fields in the attached form as accurately as possible.
- 2) Submit completed forms to [hurrc@ufl.edu](mailto:hurrc@ufl.edu) for review. Include a copy of your protocol and the informed consent form.
- 3) Office of Radiation Safety staff will review submitted forms for accuracy and completion and may follow up if more information is needed. Please remember that incomplete forms cannot be forwarded to the HURRC. The good news is that you can prevent delays by ensuring that all required fields are filled out accurately. The tools listed below can assist you with determining accurate dose calculations.
- 4) HURRC reviewers will do their best to approve new studies in a timely manner, however it is possible that approvals could take up to several weeks once the completed forms are forwarded to HURRC.
- 5) Once approved, Office of Radiation Safety staff will submit a HURRC approval letter to the study team and upload it into MyIRB if applicable.

### Dose Calculations:

Radiation exposures for proposed radiologic procedures are calculated using the [Dose Calculator](#) made available by RADAR, Inc.

- These calculations of effective doses are approximations. Values obtained from the calculator may require adjustment during HURRC review to more accurately reflect the radiologic procedures performed at the University of Florida and UF Health.
- Risk language appropriate to the radiation exposure will be provided by the calculator and should be included in the informed consent process and document. A copy of the RADAR, Inc. worksheet, which provides dose calculations and recommended consent language, must be included with your HURRC submission.

An additional resource is available at [Effective Doses in Radiology and Diagnostic Nuclear Medicine: A Catalog](#)



## Human Use of Radioisotopes and Radiation Committee (HURRC) Summary Sheet

### Type of Review:

☐ New Review☐ Continuing Review with Changes to  
Radiation Exposure☐ Continuing Review with No Changes to  
Radiation Exposure

If continuing review with no changes, is there anything else to report prior to renewal?

[Click or tap here to enter text.](#)

### GENERAL STUDY INFORMATION

<b>PI Name</b> Click or tap here to enter text.	<b>PI Title</b> Click or tap here to enter text.
<b>PI Campus Address</b> Click or tap here to enter text.	
<b>Study Title:</b> Click or tap here to enter text.	
<b>Abbreviated Study Title:</b> Click or tap here to enter text.	
<b>IRB/WIRB/CR/CED #:</b> Click or tap here to enter text.	<input type="checkbox"/> Copy of Protocol Attached? <input type="checkbox"/> Most recent ICF included?

### SUBJECT INFORMATION

<b>Number of Subjects at UF</b> Click or tap here to enter text.	<b>Age of Subjects</b> <input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Both	<b>Sex of Subjects</b> <input type="checkbox"/> Males <input type="checkbox"/> Females <input type="checkbox"/> Both
<b>Inclusion of Pregnant Women?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Inclusion of Healthy Volunteers?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Total effective dose equivalent (EDE) from all research procedures that involve radiation (mSv):</b> Click or tap here to enter text.		

## Human Use of Radioisotopes and Radiation Committee (HURRC) Summary Sheet

### IMAGING FOR RESEARCH PURPOSES (e.g. X-ray, CT, Fluoroscopy)

<b>Type of Scan/Procedure</b> Click or tap here to enter text.		<input type="checkbox"/> Required <input type="checkbox"/> Optional
<b>Frequency/Timepoints</b> Click or tap here to enter text.	<b>Total Effective Dose for Scan (mSv)</b> Click or tap here to enter text.	<b>Location of Scans</b> Click or tap here to enter text.

<b>Type of Scan/Procedure</b> Click or tap here to enter text.		<input type="checkbox"/> Required <input type="checkbox"/> Optional
<b>Frequency/Timepoints</b> Click or tap here to enter text.	<b>Total Effective Dose for Scan (mSv)</b> Click or tap here to enter text.	<b>Location of Scans</b> Click or tap here to enter text.

For additional procedures, copy and paste the table above. Modify information as needed.

### RADIOACTIVE MATERIAL USE FOR RESEARCH PURPOSES (e.g. PET, Radiotracers, Theranostics)

<b>Type of Procedure</b> Click or tap here to enter text.	<b>Authorized User (AU) Name:</b> Click or tap here to enter text.
<b>Has the Authorized User been notified of this study?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Isotope</b> Click or tap here to enter text.	<b>Tracer/Therapeutic Compound</b> Click or tap here to enter text.
<b>Activity Range/Maximum Activity</b> Click or tap here to enter text.	<b>Frequency/Time Points for Scans</b> Click or tap here to enter text.
<b>Location of Scans/Procedures</b> Click or tap here to enter text.	<b>Total Effective Dose per Scan (mSv)</b> Click or tap here to enter text.

<b>Type of Procedure</b> Click or tap here to enter text.	<b>Authorized User (AU) Name:</b> Click or tap here to enter text.
<b>Has the Authorized User been notified of this study?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Isotope</b> Click or tap here to enter text.	<b>Tracer/Therapeutic Compound</b> Click or tap here to enter text.
<b>Activity Range/Maximum Activity</b> Click or tap here to enter text.	<b>Frequency/Time Points for Scans</b> Click or tap here to enter text.
<b>Location of Scans/Procedures</b> Click or tap here to enter text.	<b>Total Effective Dose per Scan (mSv)</b> Click or tap here to enter text.

For additional procedures, copy and paste the table above. Modify information as needed.

Submit completed forms to [hurrc@ufl.edu](mailto:hurrc@ufl.edu).