

DEPARTMENT OF HEALTH

(FUNCTIONAL GROUP FORM)

APPLICATION FOR AN AMENDMENT TO A CURRENT CERTIFICATE TO ADMINISTER RADIOACTIVE MEDICINAL PRODUCTS

Medicines (Administration of Radioactive Substances) Regulations 1978 (SI 1978 No 1006)

Medicines (Radioactive Substances) Order 1978 (SI 1978 No 1004)

Medicines (Administration of Radioactive Substances) Amendment Regulations 1995 (SI 1995 No 2147)

- i. Before completing this form please read carefully the ARSAC Notes for Guidance. This form is to be used by current certificate holders.
- ii. Please complete in typescript or black ink and send to:

**ARSAC Support Unit,
Health Protection Agency, Centre for Radiation, Chemical and Environmental Hazards
Radiation Protection Division, Chilton, Didcot, Oxon OX11 0RQ.
Telephone: 01235-832421/822772 (administration) 01235-822887 (scientific)
Fax Number: 01235-834925**

- iii. Please use this form **only to request authorisation of functional groups and the subsequent amendment of those functional groups.**

PART A: APPLICANT

A

1. Surname
2. Forenames
3. Post/Position and Title
4. Date of Appointment
5. Speciality
6. Address for Correspondence

7. Telephone Number and Extension
8. Fax Number
9. Name and address of Employer at the site for which the certificate is issued. This should be consistent with Part B para 1.1.
10. Please give the REFERENCE NUMBER of the diagnostic certificate issued to you to be amended

RPC

**PART B: FUNCTIONAL GROUPS FOR WHICH
AUTHORISATION IS SOUGHT**

B

- Please see Appendix I Part E of the Notes for Guidance

1.1 Name and address of site where the procedures will be undertaken: -

NB: A separate form should be submitted for each site where this facility is required.

1.2 Please specify the functional groups for which authorisation is now sought. Following authorisation, your certificate(s) will be updated and new copies of the certificate(s) will be forwarded to you as appropriate. In future when any new radioactive medicinal products are allocated to these groups, certificate(s) will be automatically updated.

NB: If you are applying for group(s) which extend beyond the range of your current practice (as demonstrated by your certificates) you may be asked for further information regarding your training and experience in relation to specific groups. Alternatively, you may supply the information with this application form.

1.2.1 Imaging Groups
please tick the relevant groups

✓	Group No.	Group Name
	1	I – Cardiac
	2	I – Vascular
	3	I – Lung
	4	I – Brain
	5	I – Bone/Joint
	6	I – Gut
	7	I – Hepatobiliary

✓	Group No.	Group Name
	8	I – Genito-Urinary
	9	I – Infection/Inflammation
	10	I – Haematology
	11	I – Endocrine
	13	I – Lacrimal
	14	I – Tumour
	15	Sentinel Node

1.2.2 Non-Imaging Groups
please tick the relevant groups

✓	Group No.	Group Name
	20	NI – Absorption
	22	NI – Haematology
	23	NI – Endocrine

✓	Group No.	Group Name
	24	NI – Gastrointestinal
	25	NI – Genito-Urinary
	28	NI – Sentinel Node

PART C: STAFF, FACILITIES AND EQUIPMENT AVAILABLE TO THE APPLICANT **C**

Please indicate any changes in scientific staff, facilities and equipment since your last full application was approved for the site.

This application must have the agreement of the signatories to Part C of your last full application. If any of those signatories are no longer appropriate, a new Part C should be submitted in full with this form.

Signature of applicant: _____ Date:

NB: This signature must be an original