

DEPARTMENT OF HEALTH

(PPR FORM)

APPLICATION FOR PARTICULAR PATIENT RMP ADMINISTRATION

NOTE: THIS FORM BECOMES THE CERTIFICATE FOR THE ADMINISTRATION OF RADIOACTIVE SUBSTANCES WHEN SIGNED AND DATED BY AN OFFICIAL OF THE DEPARTMENT OF HEALTH. THE CERTIFICATE WILL BE RETURNED BY FACSIMILE OR POST TO THE APPLICANT DEPENDING ON THE MANNER OF TRANSMISSION OF THE FORM TO THE ARSAC SUPPORT UNIT.

For completion by applicant

PART A: PATIENT'S DETAILS: -

RECORD NUMBER OF PATIENT: .....

Date of Birth: ..... Sex: .....

Purpose of proposed administration and justification of urgency: .....

.....

DIAGNOSIS: .....

DATE ADMINISTRATION WILL BE CARRIED OUT: ..... AT WHICH PREMISES: .....

RADIONUCLIDE AND SERIAL: ..... ROUTE: .....

ACTIVITY (MBq) TO BE ADMINISTERED: ..... ED (mSv): .....

PART B: DETAILS OF CLINICIAN IN CHARGE OF NUCLEAR MEDICINE PROCEDURE WHO IS MAKING THIS APPLICATION: -

NAME: .....

ARSAC REFERENCE NUMBER: RPC .....

PREMISES FOR RMP ADMINISTRATION: .....

ADDRESS: .....

.....

TEL. NO: ..... FAX NO: .....

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

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

Please sign the form below. 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.

Except as indicated above, the particulars of my qualifications, experience and post or position, and the staff, facilities and equipment available to me, are the same as those given in the application for my current ARSAC certificate.

Signature of ARSAC Certificate Holder who is making this application: ..... Date: .....

On completion this form should be faxed or posted to the 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 Fax Number: 01235 - 834925

CERTIFICATION: It is hereby certified that for the purposes of the Medicines (Administration of Radioactive Substances) Regulations 1978, amended by the Medicines (Administration of Radioactive Substances) Amendment Regulations 1995, the Certificate Holder mentioned above may administer the radioactive substance noted above to particular patient number

..... who is the subject of this application.

Signed ..... Date .....

on the behalf of the Secretary of State for Health