UNIVERSITY OF IOWA HOSPITALS & CLINICS
APPLICATION FOR CLINICAL USE OF COMPOUNDED RADIOPHARMACEUTICALS

APPLICATION # (Assigned by EHS)

ITEM 1: RADIOPHARMACEUTICAL:
(List generic and common chemical name)

ITEM 2: DESCRIPTION OF CLINICAL USE:
(Attach a copy of the drug use monograph listed in the United States Pharmacopeia Dispensing
Information (USP-DI) or describe all applicable drug use information in detail.)

ITEM 3: PRODUCT SPECIFICATIONS:
(Attach a copy of the drug standards monograph from the United States Pharmacopeia or
describe all applicable drug standard information in detail.)

ITEM 4: AUTHORIZED USER:
(List name of the specific individual or for general authorized use check box below.)

☐ Physicians holding University of Iowa Hospital Staff privileges in Nuclear Medicine,
Radiology, or Radiation Oncology appropriate to the diagnostic and therapeutic use of
radiopharmaceuticals, whose credentials and qualifications have been approved by the
University of Iowa Hospital Radiation Safety Review Group. (Under this general approval the
Certification Statement below requires the signature of the Division or Department Head.)

ITEM 5: RADIATION SAFETY PROCEDURES:
(Provide general description of procedures to meet regulatory and policy requirements)

ITEM 6: CERTIFICATION STATEMENT:

This is to certify that the compounded radiopharmaceutical agent in question (Item 1) will be
used for routine clinical use as described (Item 2) by the authorized user(s) specified (Item 4).
All usage shall be in accordance with the radiation safety procedures described (Item 5) and
other applicable University, state and federal policies and regulations.

__________________________________________  ____________________
Signature (Authorized User/Division or Dept. Head)  Date

_________________________________________  ____________________
Typed Name        Title

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