# VA Portland Health Care System Institutional Review Board

**IRQ Appendix F – Use of Radiation**

**VAPORHCS PI Name:       Date:**

**Study/Project ID#:**

*This appendix should be completed if this research study involves any procedures utilizing x-rays or radioactive materials.*

*The Research Office will have the protocol reviewed by the Radiation Safety Officer. If you have questions on the use of procedures utilizing radiation in a research study, please contact one of the Radiation Safety Officers directly*.

1. Please briefly list the study’s radiation procedures, frequency and purpose. For each procedure, note whether that procedure is one that the patient would experience at the time points indicated in the protocol even if they were not in the study:

Procedure 1:

Needed for normal care? YES [ ]  NO [ ]

Procedure 2:

Needed for normal care? YES [ ]  NO [ ]

Procedure 3:

Needed for normal care? YES [ ]  NO [ ]

Procedure 4:

Needed for normal care? YES [ ]  NO [ ]

Procedure 5:

Needed for normal care? YES [ ]  NO [ ]

Procedure 6:

Needed for normal care? YES [ ]  NO [ ]

Procedure 7:

Needed for normal care? YES [ ]  NO [ ]

2. If you answered **NO** to any item listed in 1 above, please list the page number of the consent form which includes a risk statement regarding the radiation component: