

FORM RC-8 (Rev. 11/95)

DATE _____

TRAINING RECORD FOR PERSONNEL PERFORMING
RADIOLABELING WITH RADIOIODINE

I acknowledge that I have been trained in both the operational and safety procedures involved in radiolabeling materials with radioactive iodine. I have undergone a baseline thyroid bioassay and understand that I will be required to undergo periodic bioassay in order to retain my authorization to perform iodinations. I further certify that all radiolabeling procedures will be performed in a fume hood approved for such use and that I will follow all appropriate safety procedures.

NAME _____ SSN _____

DATE _____ SIGNATURE _____

I certify that I am authorized to perform iodinations and to train other personnel in both the operational and safety procedures involved in radiolabeling materials with radioactive iodine. I further certify that on the date indicated below I observed this individual perform an iodination in an appropriate manner, observing all required safety precautions.

NAME _____ DATE _____

SIGNATURE _____

AS THE PRINCIPAL INVESTIGATOR UNDER WHOSE AUTHORIZATION THE ABOVE NAMED INDIVIDUAL WILL BE PERFORMING RADIOLABELING OF MATERIALS WITH RADIOACTIVE IODINE, I CERTIFY THAT I HAVE ASSURED THAT THE INDIVIDUAL IS PROPERLY TRAINED AND FULLY AWARE OF THE HAZARDS INVOLVED AND THE PROPER PROCEDURES TO FOLLOW.

NAME _____ DATE _____

SIGNATURE _____

A copy of this form must be maintained with the laboratory's radioisotope records and the original forwarded to the Radiation Control Center.