**VICTORIA UNIVERSITY DXA RESEARCH PROJECT CHECKLIST**

Name: …………………………………………………………… Staff/Student ID:………………………….

Project Code: …………………………………………………………………..

|  |  |  |
| --- | --- | --- |
| **Checklist** | **Completed**  **Yes/No/NA** | **Comment** |
| **1**. If performing scans on the iDXA obtain a User License from the Department of Health and Human Services.  [Application and notification forms - health.vic](https://www2.health.vic.gov.au/public-health/radiation/licensing/forms)  Please forward a copy to the RSO and Technical Manager. |  |  |
| **2**. Training to be completed at :  <https://www.anzbms.org.au/>  Please forward a copy to the RSO and Technical Manager. |  |  |
| **3**. Obtain a Medical Physicist Report.  Contact the Technical Manager for a copy of the form and contact details of medical physicist.  **NOTE:** If the Medical Physicists Report states that, the radiation doses will exceed the dose constraints then contact the RSO.  Dose exceeded form <http://docs.health.vic.gov.au/docs/doc/Notification-of-a-research-project-where-the-dose-constraints-will-be-exceeded> |  |  |
| **4.** Complete the Victoria Specific Module (VSM) and Section 4 ‘Use of Ionising Radiation’ Forms <https://www2.health.vic.gov.au/about/publications/formsandtemplates/Victorian%20Specific%20Module>  <https://www2.health.vic.gov.au/about/publications/formsandtemplates/Section-4---Use-of-ionising-radiation>  For guidelines on completion  <https://www2.health.vic.gov.au/about/publications/formsandtemplates/Victorian%20Specific%20Module%20Guidelines>  NOTE: Upon completion contact the RSO to review documentation and sign off ‘Section 4.10’ **prior** to submission to VUHREC. |  |  |
| **5.** Complete the VUHREC application.  <http://research.vu.edu.au/HRE_approvals.php>  Forward to Victoria University’s ‘Human Research Ethics Committee’ HREC for approval.  NOTE: A copy of the Approval Letter from the HREC must be forwarded to the RSO and Technical Manager. |  |  |
| **6.** Complete and provide Risk Assessment and Standard Operating Procedure to the RSO and Technical Manager. |  |  |
| **7.** Obtain the OSL monitor for use in the iDXA.  Contact the RSO. |  |  |
| **8.** Contact the Technical Manager to complete local induction and local training on operation of the iDXA. |  |  |

NB: All requirements must be met and documentation submitted to the RSO and Technical Manager prior to commencing research work using the iDXA.

**CONTACTS**

Tom Dziedzicki

**Radiation Safety Officer**

People and Culture

Ph: 9919 5999

Email: [tom.dziedzicki@vu.edu.au](mailto:tom.dziedzicki@vu.edu.au)

Samantha Cassar

**Technical Manager**

College of Sport and Exercise Science

Ph: 9919 5680

Email: [samantha.cassar@vu.edu.au](mailto:samantha.cassar@vu.edu.au)

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have:**

**(Print Name)**

**Completed DEXA/Bone Mineral Densitometry Local Induction procedures applicable to my research;**

**I understand that depending on my project, additional training may be required and that I will be bound by the University Occupational Health and Safety Department and Institutional Biosafety Committee training requirements.**

|  |  |  |
| --- | --- | --- |
| **Signature of Staff/Student** |  | **Date** |
| **Signature of Trainer** |  | **Date** |
| **Signature of RSO** |  | **Date** |