**VICTORIA UNIVERSITY DXA RESEARCH PROJECT CHECKLIST**

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

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

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| **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**

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**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.**

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