**VICTORIA UNIVERSITY DXA RESEARCH PROJECT CHECKLIST**

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

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

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| **Checklist** | **Completed**  **Yes/No/NA** | **Details** |
| 1. Identify person (s) who will be performing the DXA scan. They MUST have a current ‘Use’ license from the Victorian Department of Health.   If new persons require licensing, application forms are available at:  <https://www.health.vic.gov.au/radiation/bone-mineral-densitometer-operators>  Training can be completed at:  <https://www.anzbms.org.au/>  Please advise of Use Licence holder and expiry date to the RSO and Technical Manager. |  |  |
| **2.**. Obtain a Medical Physicist Report.  Contact the Technical Manager for a copy of the form and contact details of suitable medical physicist.  Information to be provided will include:   * The research protocols * Location in which exposures will be undertaken;   The medical Physics report should include a completed *Medical Physics Risk Assessment Interventional, Diagnostic & Nuclear Medicine Procedures (MPRA) form.* |  |  |
| 1. Does the Medical Physicists Report state that radiation doses will exceed the dose constraints?   If ‘yes’ a report from a second Medical Physicist will be required.  If expected doses constraints are still exceeded a form will need to be provided to the DoH: <https://www.health.vic.gov.au/publications/notification-of-a-research-project-where-the-dose-constraints-will-be-exceeded> |  |  |
| **4.** Ensure the Victoria Specific Module (VSM) Section 1-3 and Section 4 ‘Use of Ionising Radiation’ Forms have been completed: <https://www.clinicaltrialsandresearch.vic.gov.au/downloads>  <https://www.health.vic.gov.au/publications/section-4-use-of-ionising-radiation>  For guidelines on completion  <https://www.clinicaltrialsandresearch.vic.gov.au/__data/assets/pdf_file/0018/171027/victorian-specific-module-guidelines-Oct-2021.pdf>  and for Section 4:  <https://www.alfredhealth.org.au/contents/resources/research/Section-4--guidelines.pdf> |  |  |
| **5.** Provide documentation including Medical Physicist report and Section 4 ‘Use of Ionising Radiation’ Forms to RSO for review and sign off of ‘Section 4.10’ **prior** to submission to VUHREC. |  |  |
| **6.** 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. |  |  |
| **7.** Complete and provide Risk Assessment and Standard Operating Procedure to the RSO and Technical Manager. |  |  |
| **8.** Use licence operator(s) has the appropriate OSL monitor for use whilst operating the iDXA.  Contact the Technical Manager if required. |  |  |
| **9.** Local induction and local training on operation of the iDXA has been completed.  Contact the Technical Manager |  |  |

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** |