**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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**Technical Manager**

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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** |