



### RD&I Internal Authorisation Form

To be collected 7 days prior to RD&I Capacity and Capability.

<b>Short Study Title:</b>	
<b>Name of Principal Investigator:</b>	<b>R&amp;D Ref:</b>

<b>SLD (Service Line Director)*</b>	
Full Name:	
Position:	
Signature:	Date:
<i>*The dept. is aware of, and is willing to support the study and the PI in this research, and that the dept. has adequate facilities to carry out the study activities.</i>	

<b>Team Lead/ Lead Research Nurse*</b>	
Full Name:	
Position:	
Signature:	Date:
<i>*A patient/ protocol walk through has been completed and no concerns have been raised about the delivery of the study.</i>	

<b>Pharmacy*</b>	
Full Name:	
Position:	
Signature:	Date:
<i>*Pharmacy is aware of, and agrees to support the study activity.</i>	

<b>CRE (Clinical Radiation Expert)* <span style="color: red;">Imaging that exposes the subject to ionising radiation only.</span></b>	
Full Name:	
Position:	

Signature:		Date:	
<i>*Images are clinically appropriate to subject a patient to the number of imaging exposures required by the protocol. (This does not include MRI, Ultrasound and Echo)</i>			
<b>MPE (Medical Physics Expert)* If Nuclear Med involvement, MPE cannot sign until Nuclear signed.</b>			
Full Name:			
Position:			
Signature:		Date:	
<i>*The study has been assessed as acceptable to go ahead by Local MPE, and has gained the necessary certification to proceed from this area. (This does not include MRI, Ultrasound and Echo)</i>			
<b>Nuclear Medicine / ARSAC*</b>			
Full Name:			
Position:			
Signature:		Date:	
Are images covered by current Employee and Practitioner licence?			Yes / No
If no, will you need to apply for a study specific licence			Yes / No
Has the study specific licence been applied for?			Yes / No
<i>*The study has been assessed, and has gained, or in the process of gaining the necessary certification to proceed from this area.</i>			
<b>Radiotherapy</b>			
Full Name:			
Position:			
Signature:		Date:	
<b>Alliance Required only when there is a PET Scan</b>			
Full Name:			
Position:			
Signature:		Date:	