# Particular patient licence: application form

This form is to be used for urgent routine clinical administrations of radioactive substances at sites which do not have an appropriate employer licence and do not have an appropriately licensed practitioner entitled on site.

On completion, this form should be emailed to arsac@ukhsa.gov.uk

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| Patient and administration details |
| Patient number | Enter number | DOB | Date of birth | Sex | Sex |
| Radiopharmaceutical | Enter radiopharmaceutical | Procedure code | Code |
| Indication | Enter indication |
| Activity (MBq) | Enter activity | ED (mSv) | ED | Route | Route |
| Additional clinical information | Clinical information |
| Justification for urgency | Justification |
| Proposed date of administration | Proposed admin date |

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| Licensed practitioner applying on behalf of the employer and themselves  |
| Name | Click here to enter name of practitioner |
| Licence number  | Click here to enter licence number |
| Email address | Click here to enter email |
| Telephone number | Enter number |
| Additional training required for this procedure | Supporting information |

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| Medical radiological installation |
| Name of medical radiological installation | Click here to enter name of installation |
| Address of installation | First line | Click here to enter text |
| Town or city | Click here to enter text |
| County | Click here to enter text |
| Post code | Click here to enter text |
| Licence number | Click here to enter text |
| Employer name | Click here to enter text |
| Additional considerations for this procedure | Click here to enter text |

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| Declaration |
| As a practitioner entitled by my employer for this administration, I have confirmed that this application has the agreement of:* the employer for this administration
* the MPE named on the employer licence responsible at this installation
* the individual responsible for the provision of the radiopharmaceuticals named on the employer licence at this installation

There has been no change to the equipment or facilities on site since the last application submitted to ARSAC. All details contained within this application are correct. |
| Signature of the licensed practitioner who is making this application | Click here to enter text | Date | Click here to enter a date |