



**CERTIFICATE: IN-VITRO TESTING WITH
 RADIOACTIVE MATERIAL UNDER GENERAL LICENSE**
 NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY
 RADIATION CONTROL PROGRAM
 SFN 8423 (3-2019)

North Dakota Radiological Health Rules Chapter 33.1-10-18-01 [10 CFR 31.11] herewith establishes a general license authorizing physicians, veterinarians in the practice of veterinary medicine, clinical laboratories, and hospital to possess certain small quantities of radioactive material for in-vitro clinical or laboratory tests not involving the internal or external administration of the radioactive material or the radiation therefrom to human beings or animals. Possession of radioactive material under this section is not authorized until the physician, veterinarian, clinical laboratory, or hospital has filed this form and received from the Department a validated copy of this form with certification number.

Submit form to: North Dakota Department of Environmental Quality, Radiation Control Program, 918 E Divide Avenue 2nd Floor, Bismarck, ND 58501-1947. Phone: 701-328-5188 Fax: 701-328-5185

A certification number will be assigned and a validated copy of this form will be returned. This certificate is valid for 3 years from the date of issue.

INSTRUCTIONS

Please print or type below, the name and address (including zip code) of the physician, clinical laboratory, or hospital for whom or for which this form is filed.

Name		Address	
City		State	ZIP Code
I hereby apply for a certification for use of radioactive material for (check one)		Certification Number	
<input type="checkbox"/>	Myself, a duly licensed physician (authorized to dispense drugs) in the practice of medicine	Expires	
<input type="checkbox"/>	Myself, a veterinarian in the practice of veterinary medicine	Certificate Validated By (For Department use only, do not write in this space)	
<input type="checkbox"/>	The above-named clinical laboratory		
<input type="checkbox"/>	The above-named hospital		
If place of use is different from address listed above, please give complete address:			

CERTIFICATION

1. All information in this certification is true and complete.
2. Appropriate radiation measuring instruments are available to carry out the tests for which radioactive material will be used under the general license for in-vitro testing. The tests will be performed only by personnel competent in the use of the instruments and in the handling of the radioactive material.
3. I understand that the Department requires that any change in the information furnished on this certificate be reported to the Department within 30 days from the effective date of such change.
4. I have read and understand the provisions of the General License for In-Vitro Clinical or Laboratory Testing; and I understand that compliance with those provisions is required for all radioactive material received, acquired, possessed, used, or transferred under the general license for which this Certificate is filed with the North Dakota Department of Environmental Quality.

Signature of Person Filing Form

Date

Printed Name

Title