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| This form allows you to submit an application for the generic justification of a new type of practice which involves medical exposure to ionising radiation. This form must be used when applying to HIQA. |

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| **Applicant details** | |
| Applicant **name** (e.g., organisation, institution) |  |
| Applicant **address** (include **Eircode**) |  |
| Designated point of contact (DPOC) **name** |  |
| DPOC **email address** |  |
| DPOC **contact number** |  |

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| **Undertaking/Service provider details (e.g., hospital) – if different from the above** | |
| Undertaking **name** (e.g. organisation, institution) |  |
| Undertaking **address** (include **Eircode**) |  |
| Designated point of contact (DPOC) **name** |  |
| DPOC **email address** |  |
| DPOC **contact number** |  |

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| **Section 1. Details of practice** | | | | | |
| Into which of the following **categories** does thepractice fit? | | | | | |
| Computed Tomography (CT) |  | Mammography | |  | |
| Dental |  | Nuclear medicine | |  | |
| Dual-energy X-ray absorptiometry (DXA) |  | Positron Emission Tomography/CT | |  | |
| Fluoroscopy |  | Radiology – general | |  | |
| Interventional cardiology |  | Radiation oncology | |  | |
| Interventional radiology |  | Other, please specify: | |  | |
| **Indication/patient population** (please provide as much detail as possible, including age range, sex, medical condition including severity/stage/grade, where applicable). | | | | | |
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| **Describe the new practice,** e.g., utility or intended purpose of the radionuclide, diagnostic tool, radiotherapy technique, interventional radiology technique. | | | | | |
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| Describe the **treatment(s)/practice(s)** which the new practice will **replace**, e.g., best medical care, another treatment or diagnostic practice. | | | | | |
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| Briefly describe the **rationale** for the introduction of the new practice. Please provide supporting references. | | | | | |
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| How established is the proposed practice? | | | New/Novel practice | |  |
| New practice to Ireland, but well-established practice elsewhere | |  |
| Existing technology/methodology in Ireland, but new indication | |  |
| Existing technology/methodology in Ireland, but new population | |  |
| Does this practice involve a **significant change** (increase or decrease) in dose relative to current care? | | | Yes | |  |
| No | |  |
| If yes, please provide details: | | | | | |
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| Is this practice used in **other countries** for the proposed indication / patient population? | | | Yes | |  |
| No | |  |
| If yes, please provide details on these countries, their practices (e.g. relevant clinical guidelines, SOPs etc.) and whether the practice has been generically justified (if known): | | | | | |
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| For **radiation oncology practices only**: does the fractionation or target volume change? | | | Yes | |  |
| No | |  |
| If yes, please provide details: | | | | | |
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| Does the introduction of the new practice give rise to new concerns or alleviate existing concerns, regarding **public and/or occupational exposures**? | | | Yes | |  |
| No | |  |
| If yes, please provide estimates of public and/or occupational exposure and outline any risk mitigating procedures/controls that are or shall be put in place: | | | | | |
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| **Section 2. Additional supporting documentation** |
| Additional documentation may be submitted to support an application for generic justification. Please indicate any additional documentation you intend to submit for consideration.  Supporting studies, reviews or clinical/professional guidelines.  Technical, regulatory or commercial information  (Please list website addresses here:      ) |

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| **Section 3. Declaration** | |
| By submitting, I declare that the information I have provided in this form is true to the best of my knowledge and belief. The undertaking or affiliated organisation is aware that I am making this submission on its behalf.[[1]](#footnote-2) | |
| Name (**print**) |  |
| Job Title |  |
| Contact number |  |
| Signed (or e-signed) |  |
| Date |  |

* **Email** form to: radiationjustification@hiqa.ie
* **Telephone**: 01 828 6700

1. Please note: Names of undertakings or affiliated organisations will be included in the final HIQA publications on generic justification. Any concerns regarding this may be directed to the evidence review team at [radiationjustification@hiqa.ie](mailto:radiationjustification@hiqa.ie) [↑](#footnote-ref-2)