Radiopharmaceutical Notification Form

An institutional facility licensed as a terminal distributor of dangerous drugs **with an on-site nuclear pharmacy** that is engaged in the preparation, preparation with minor deviation, compounding, dispensing, or repackaging of radiopharmaceuticals shall comply with the following:

- Submit notification to the Board, using this form, that the facility has a pharmacy that is engaged in the preparation, compounding, dispensing or repackaging of radiopharmaceuticals.

  For new facilities, the institutional facility shall notify the Board within ten days of the date an institutional pharmacy engages in the preparation, compounding, dispensing, or repackaging of radiopharmaceuticals.

  For existing facilities, the institutional facility shall notify the Board within ten days of the effective date of this rule (2/1/2022).

- An institutional facility that ceases to engage in the preparation, compounding, dispensing, or repackaging of radiopharmaceuticals shall submit notification to the Board, using this form, within ten days of cessation.

- The institutional facility with an on-site nuclear pharmacy shall have a designated person who is an authorized nuclear pharmacist employed by the facility that is responsible and accountable for the performance and operation of the radiopharmaceutical processing facility and for personnel who prepare, compound, dispense, and repackage radiopharmaceuticals.

  - For new facilities, the institutional facility shall notify the Board, using this form, of the designated person within ten days of the date the facility engages in the preparation, compounding, dispensing, or repackaging of radiopharmaceuticals.

  - For existing facilities, the institutional facility shall notify the Board, using this form, of the designated person within ten days of the effective date of this rule (2/1/2022).

- If there is a change in the designated person, the Board shall be notified, using this form, within ten days of the effective date of the appointment of the new designated person.

NOTE: This form is not required if the institutional facility does not have an on-site nuclear pharmacy.

Submission Instructions

- Completed forms must be sent via email to: compliance@pharmacy.ohio.gov
- Please submit one form per TDDD license number.

State of Ohio Board of Pharmacy
Radiopharmaceutical Notification Form (Rev. 1/2022)

Part I – Institutional Facility Information

Name of Institutional Facility		**Ohio TDDD License No.**	
Street Address	**City**	**State**	**Zip**
Contact E-mail		**Telephone No. (XXX) XXX-XXXX**	

Part II – Notification of Preparation of Radiopharmaceuticals by an On-Site Pharmacy (select one)

○	The facility listed in Part I of this form is actively engaged (or will be actively engaged) in the preparation, compounding, dispensing, or repackaging of radiopharmaceuticals.
○	The facility listed in Part I of this form is **NO LONGER** actively engaged in the preparation, compounding, dispensing, or repackaging of radiopharmaceuticals.

Part III – Designated Person (Authorized Nuclear Pharmacist) - *The person responsible and accountable for the performance and operation of an on-site nuclear pharmacy and for personnel who prepare, compound, dispense, and repackage radiopharmaceuticals (as required by OAC 4729:5-6-01).*

This part must be completed if the institutional facility if it has an on-site pharmacy that is actively engaged in the in the preparation, compounding, dispensing, or repackaging of radiopharmaceuticals. This section can be used to notify the Board of an initial designated representative or a change in designated representative.

Name of Designated Person	**Ohio License No.**

Title of Designated Person	Check Box to Indicate a Change of Designated Person ☐
Contact E-mail	**Telephone No. (XXX) XXX-XXXX**
Designated Representative Signature	**Date Signed**

Part IV – Attestation – *Must be signed by licensee's responsible person.*

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. AND 4729. OF THE OHIO REVISED CODE THAT THE INFORMATION PROVIDED IN THIS FORM IS **TRUE, CORRECT, AND COMPLETE**.		
Responsible Person Signature	**Date**	**Printed Name**

Form must be signed by the Responsible Person. Digital signatures will be accepted. This form must be scanned and submitted via email to:
compliance@pharmacy.ohio.gov