

DOSIMETRY REQUEST FORM

UCSF RADIATION DOSIMETRY PROGRAM

Please return form by:

EMAIL: Dosimetry.coordinator@ucsf.edu OR FAX: 476-0581 OR BOX:0942

Name (Last, First, MI): _____ Gender: Male Female
If different, name to appear on dosimeter: _____

Pregnant? Y N Conception Date: _____ Due Date: _____

Social Security (last 6): XXX-____-____ DOB (YYYY/MM/DD): ____/____/____

Phone #: _____ Email: _____

Department Name: _____

Departmental Dosimetry Contact Person: _____

Will use Radionuclides? Y N Will operate Radiation Producing Machine? Y N

Describe expected radiation work:

Spare Dosimeter Needed? Y N If yes- by when? ASAP or _____

Prior UCSF Dosimetry? Y N If yes- date? _____

PI: _____ Dept. _____

Prior Dosimetry at other institution(s)? Y N If yes- complete box below

*Below if your permission for UCSF to obtain prior radiation Dosimetry information from your institution(s):
[If you have multiple radiation Dosimetry locations, please provide information ON ADDITIONAL PAPER.]*

Name Used: _____ Dates Present: _____

Institution Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Department: _____

Signature: _____ Current Date: _____

Note to Institution: Please provide the Dosimetry information to UCSF. The State of California requires UCSF to obtain radiation exposure records for the individual listed above. This person was at your institution at the indicated date(s). Please provide the radiation exposure history, bioassays, whole body counting, or calculated exposures, as applicable. Return the information to UCSF. Thank you.

For Office of Environment, Health, and Safety Use ONLY:

Part # Assigned: _____ Date Issued: _____ Initials: _____

Spare Serials: _____