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University of Illinois Dosimetry Request Form Veterinary Teaching Hospital

Federal, State and University regulations require that your radiation exposure record contain the following information. Allow 2 weeks for dosimetry to arrive after submitting this for to Radiation Safety. Please complete Part 1 and 2 of this form, have your PI complete Part 3, and return the form to:

Division of Research Safety, Radiation Safety Section, MC-225

Name: last Date of birth: Email: Room/Building where dos: I will be working in the Vet	Phone	e		
Email: Room/Building where dos				_
Room/Building where dos				
	-			_
	erinary Teaching Hosp			
Clinical Service:			Rotations	
Job Title:				
	diography		ру	
Nu	clear Medicine	Radiation (Oncology	
Dosimetry desired (check	one or both): Whole I	Body Badge	Extremity Ring	Instadose
Check one: Gender: M	F (Choose not to rep	oly	
Ring size (check one): S		•	•	
"I am familiar with the regulations which pertain th		is project and ha	ave read or been instructe	ed in the rules and
Signed:		Date:_		
Part 2				
Have you been badged bef	fore or received a dose	e record? Yes	No	
If yes, please list the organizand submit either:	zation and timeframe y	ou were badged in	n the field below	
1) Copies of dose rece	ords for the current ye	ear, or oosure History fo	arm	

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that

Part 3		
		e him/her to be exposed to ionizing radiation and essary to minimize possible hazards."
Radiation Supervisor:		
Email:		
Signature:		
Date signed: Radiat	ion Permit #	
	For Radiation	Safety use only
Badge number assigned:	Type: Type:	Location: Location:

Revised 3 March 2022