

CONFIDENTIAL

University of Illinois Dosimetry Request Form

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

Part 1.....

(Please print)

Name: _____ **UIN:** _____

Date of birth: _____ **Phone** _____

Email:

Room/Building where dosimetry will be stored:

Please list below, the radioactive material that you will be working with, the **approximate** total activities to be used **per month** and the time handling the materials during a routine week:

Isotope(s)	Quantity (mCi)	Handling Time (min/wk)
------------	----------------	------------------------

Xray(s)

Dosimetry desired (*check one or both*): Whole Body Badge Extremity Ring Instadose

Check one: Gender: Male Female Choose not to reply

Ring size (check *one*): S ☐ M ☐ L ☐ XL ☐

Completed required DRS online training? Yes ☐ No ☐

Date training completed

"I am familiar with the radiation hazards of this project and have read or been instructed in the rules and regulations which pertain thereto."

Signed: _____ **Date:** _____

Part 2.....

Have you been badged before or received a dose record? Yes No

If yes, please list the organization and timeframe you were badged in the field below **and** submit either:

- 1) Copies of dose records for the current year, or
- 2) complete the Request for Radiation Exposure History form.

--

CONFIDENTIAL

Part 3.....

"I certify that the above individual's work may require him/her to be exposed to ionizing radiation and that he/she has been adequately trained in the procedures necessary to minimize possible hazards."

Principle Investigator/ Permit Holder: _____

Email: _____

Signature: _____

Date signed: _____ **Radiation Permit #** _____

For Radiation Safety use only

Badge number assigned: _____	Type: _____	Location: _____
_____	Type: _____	Location: _____