

UNIVERSITY OF LETHBRIDGE
APPLICATION FOR DOSIMETRY SERVICE

(N.B. The National Dosimetry Service charges additional fees for ad hoc dosimeter requests. Please allow a minimum of 2 weeks for order processing.)

PLEASE PRINT CLEARLY

PERSONAL INFORMATION

Name: _____

(Surname)

(Given Names)

Date of Birth: _____ (Year/Month/Day)

Male _____ Female _____ Job Title: _____

Place of Birth: Province: _____

Country: _____

Social Insurance Number: _____

(Note: The National Dose Registry maintains records by S.I.N.)

Lab Phone # _____ Email: _____

Radiation Safety Training Course Date: _____

DOSIMETER TYPE

Please indicate type of dosimeter(s) you are applying for. If you will be ordering P-32 stock solution of greater than 50 MBq (1.35 mCi) you are required to wear an extremity dosimeter, wrist **or** ring. Indicate S, M, or L, for ring.

_____ Whole Body/Torso _____ Left Wrist _____ Right Wrist
_____ Left Ring _____ Right Ring

DOSIMETER USE Radioisotope _____ X-ray equipment _____

Please list the maximum activity that you will be **using at any one time in a procedure** for the isotopes you will be using:

Isotope	Max. Activity	Isotope	Max. Activity	Isotope	Max. Activity	Isotope	Max. Activity
P-32		P-33		I-125			

DOSIMETER STORAGE

Storage location: _____
Building _____ Room # _____

PRIOR DOSIMETRY SERVICE

Have you participated in a dosimetry program before? (If yes, please indicate where you lived and dates when the dosimeter was worn.)

Yes _____ No _____ Province: _____ Date: _____

If outside Canada, please indicate the country: _____

AUTHORIZATION

Radioisotope Permit Holder Name: _____

Department: _____

Radioisotope Permit Number: _____

Signature of Radioisotope Permit Holder: _____

Signature of Registrant: _____

Name of Responsible Authority for X-ray Unit: _____

Location of X-ray equipment _____

Building

Room

Signature of Responsible Authority for X-ray Unit: _____

Signature of Registrant: _____

**THE PERMIT HOLDER IS RESPONSIBLE FOR THE COST OF UNNECESSARY, LOST,
DAMAGED, OR LATE DOSIMETERS**

For Safety Services Use Only:

Date of training: _____ Verified by: _____

Date dosimeter issued: _____

The information on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act. It is required for the acquisition of a dosimeter to measure personal radiation dose estimates. This information will be provided to the dosimetry service provider, National Dosimetry Services (Health Canada). If you have any questions about the collection or use of this information, contact the University of Lethbridge FOIP Coordinator at 403-332-4620 or foip@uleth.ca.