



THE UNIVERSITY OF TOLEDO

The University of Toledo
Request for Dosimeter Service

(PLEASE PRINT)

NAME Last First Middle

DEPARTMENT ROOM BLDG

BIRTHDATE MALE FEMALE

ROCKET ID# or (Social Security # for Physicians only)

RADIONUCLIDES TO BE USED:

APPROVED USER:

WILL YOU BE USING FLUOROSCOPY OR BE PRESENT WHEN FLUOROSCOPY IS BEING USED?

HAVE YOU COMPLETED THE UT TEST BANK "SAFE USE OF FLUOROSCOPY" TEST?

PREVIOUS EMPLOYMENT INVOLVING RADIATION EXPOSURE: (List Name, Address of Employer, and Duration of Employment)

(Name) (Address)

(Duration of Employment) (Name of Radiation Safety Officer)

Date Signature