Saint Louis University Radiation Safety Office

Radiation Dosimeter- Deletions

Date of Request: ____________________ Department: ____________________

Contact Person: ____________________ Series Code: ____________________

Name *(Last, First)* ____

Dosimeter: ☐ Whole Body ☐ Ring ☐ Collar ☐ Waist ☐ Fetal

Name *(Last, First)* ____

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Dosimeter: ☐ Whole Body ☐ Ring ☐ Collar ☐ Waist ☐ Fetal

Comments: ____

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Please Return to:

Lance Peters
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St. Louis, MO 63104

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