

Saint Louis University Radiation Safety Office

Radiation Dosimeter- Spare Request Form

Date of Request: _____ Department: _____

Contact Person: _____ Series Code: _____

Participant Information

First Name: _____ Last Name: _____

SSN: _____ Date of Birth: _____

Wear Period: _____ Gender: M or F

Dosimeters Requested: Whole Body Ring Collar & Waist Fetal

Please Return to:

Lance Peters

Office of Environmental Health & Safety

1402 S. Grand Blvd., Schwitalla Hall M157

St. Louis, MO 63104

lance.peters@slu.edu

Date Assigned: _____ Wear Date: _____

Whole Body ID: _____ Collar ID: _____ Waist ID: _____ Ring ID: _____ Fetal ID: _____