

UMHHC - New Series Request Form

Section 1 - Series Information

Please indicate the department, division, and job title for the dosimetry series you wish to create

**ATTN: Department must create a series for each job title/position (e.g. MDs, House Officers, Fellows, RNs, etc.)*

Department : Division :

*Job Title/Position :

These individuals will be working with : Radiation Producing Machines (See list below) Radioactive Materials (RAM) BOTH

Please indicate what type(s) of radiation producing equipment these individuals will be exposed to (if applicable) :

N/A (not applicable)

Fluoroscopic Radiographic CT Scanner Medical Accelerator Mammography Bone Densitometer

Dental X-ray Lithotripter Other :

Please indicate the primary isotopes and activities these individuals will be exposed to (if applicable) :

N/A (not applicable)

Isotope : Activity :

Isotope : Activity :

Isotope : Activity :

Isotope : Activity :

Isotope : Activity :

Isotope : Activity :

Please indicate the department supervisor/manager who will oversee this dosimetry series :

Name : E-mail :

Please indicate the department dosimetry contact who will manage this dosimetry series :

Name : E-mail :

Section 2 - Billing and Shipping Information

Shipping Address

Dosimetry Contact :

Department :

Phone : Fax :

Building & Room :

SPC :

City/State/Zip :

Billing Information

Short Code :

Comments:

Section 3 - Exposure Information

The UMHHC Health Physicist must meet with the department designated supervisor/manager to assess the exposure risk for the group of individuals specified in section 1. The UMHHC Health Physicist will assess the exposure risks and assign the appropriate radiation monitoring dosimeters in accordance with state and federal regulations and the U-M radiation safety program.

*Department Supervisor/Manager Authorization

**ATTN: Must be the same individual specified in Section 1*

I have read and understand the UMHHC Department Dosimetry Responsibilities document provided by Radiation Safety Service.
(www.oseh.umich.edu/pdf/Dosimeter_Contact_Instructions.pdf)

Name (print) : _____ Signature : _____ Date : _____

RSS OFFICE USE ONLY

Participants in the position listed above will require the following dosimeters :

- Over & Under Apron (double badge) Required Optional Whole Body Required Optional
- Over Apron ONLY (single badge) Required Optional Finger Ring Required 1 2 Optional
- UMHHC - New Series Dosimetry Assessment Form Completed RSS Series Code : Frequency :

Health Physicist Comments :

Department Chair and/or Administrator

Dept. Chair : Dept. Administrator :

Health Physicist : Signature : _____ Date : _____

Dosimetry Coordinator Comments :