

## 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 ☐ Radioactive Materials (RAM) ☐ BOTH  
(Complete applicable sections below)

**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 :

**In what building will the radiation-producing machine(s), radioactive materials, or both be used:**

Building :

**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/Authorized User** (if using radioactive material)

*\*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.

([http://ehs.umich.edu/wp-content/uploads/sites/37/2016/05/Dosimeter\\_Contact\\_Instructions.pdf](http://ehs.umich.edu/wp-content/uploads/sites/37/2016/05/Dosimeter_Contact_Instructions.pdf))

Name (print) : \_\_\_\_\_ Signature : \_\_\_\_\_ Date : \_\_\_\_\_

### **RSS OFFICE USE ONLY**

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

- |   |                                |                                |                                      |                                |  |
|---|--------------------------------|--------------------------------|--------------------------------------|--------------------------------|--|
| <input type="checkbox"/> Over & Under Apron (double badge)                      | <input type="radio"/> Required | <input type="radio"/> Optional | <input type="checkbox"/> Whole Body  | <input type="radio"/> Required | <input type="radio"/> Optional   |
| <input type="checkbox"/> Over Apron ONLY (single badge)                         | <input type="radio"/> Required | <input type="radio"/> Optional | <input type="checkbox"/> Finger Ring | <input type="radio"/> Required | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> Optional |
| <input type="checkbox"/> UMHHC - New Series Dosimetry Assessment Form Completed |                                |                                | RSS Series Code :                    | <input type="text"/>           | Frequency : <input type="text"/>   |

Does series require the occupational radiation exposure employment history of participants? ☐ Yes ☐ No

Health Physicist Comments :

Health Physicist :

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

Dosimetry Coordinator Comments :