

Mailed TLD Service Order Form: Therapy Machine Output Checks

Please complete the order form and return it by email (RDS@mdanderson.org). In order to process your order, we must have the payment information section (page 3) completed. If you have any questions, please contact our office at 713-745-8999.

Customer Information:

Customer # (leave blank if new customer): _____ Date of Order (mm/dd/yyyy): _____

Institution Name: _____

Address: _____

City: _____ State: _____ Zip/Postal: _____ Country: _____

Primary Contact: (First) _____ (MI) _____ (Last/Surname) _____ Degree: _____

☐ Chief/Only Physicist ☐ Other Physicist ☐ Dosimetrist/(CMD) ☐ Other: _____

Email #1: _____ Email #2: _____

Phone #1: _____ Ext: _____ ☐ office ☐ cell Phone #2: _____ Ext: _____ ☐ office ☐ cell

Other contact name: _____ Title: _____ Phone #: _____

Email #1: _____ Email #2: _____

☐ Chief/Only Physicist ☐ Other Physicist ☐ Dosimetrist/(CMD) ☐ Other: _____

Machine and TLD Order Information:

1) Machine Manufacturer, Model, Serial #: _____

Photon energies to check: _____

Electron energies to check: _____

Frequency: _____ Other _____

2) Machine Manufacturer, Model, Serial #: _____

Photon energies to check: _____

Electron energies to check: _____

Frequency: _____ Other _____

3) Machine Manufacturer, Model, Serial #: _____

Photon energies to check: _____

Electron energies to check: _____

Frequency: _____ Other _____

Pricing for Therapy Machine Output Checks (all prices are per beam)

Beam Type	Details	Price Per Beam
MV Photon ^a	2 – 25 MV	\$135 (3 TLD capsules)
Orthovoltage ^b	≥ 1.9 mm Al HVL	\$135 (3 TLD capsules)
Cobalt-60		\$135 (3 TLD capsules)
Electron	4 – 20 MeV	\$190 (6 TLD capsules)

^aMegavoltage photon monitoring is available for all linacs manufacturers, TomoTherapy (static), CyberKnife, and Halcyon.

^bOrthovoltage monitoring is available for both clinical units and small animal irradiators.

There are one-time set-up fees, charged once per account of \$125 for a photon irradiation platform and \$235 for use of an electron irradiation phantom.

For the electrons, we need percent depth dose (PDD) data in tabular format to select the correct blocks for your electron beams. Please email your PDD tables (rds@mdanderson.org).

Shipping Information:

☐ Same as institution address on page 1 or indicate a different address below

Name: (First) _____ (MI) _____ (Last/Surname) _____

Address: _____

City: _____ State: _____ Zip/Postal: _____ Country: _____

Phone #: _____ Ext: _____ Email: _____

Select shipping method below. Please note that shipments by regular mail within the U.S. have no added shipping fees. There are added fees for international shipping and expedited shipping.

Check to send order by express shipping (options below):

Domestic: \$30 for overnight shipping, or \$20 for 2-day shipping.

International: Rates will vary; please contact our office for international shipping fees.

Regular Mail (no additional fees; included in price)

Payment Options:

☐ Bill me. No Purchase Order (PO) required. Payment net 30, upon receipt of invoice.

☐ Purchase Order required: PO#: _____ Expiration Date: _____

• Is PO# required on shipping documentation? ☐ Yes ☐ No If Yes, please email a copy of the PO (rds@mdanderson.org)

☐ Check (cheque)/Money Order. Click for information: [Payment Information](#)

☐ Wire Transfer. Click for information: [Payment Information](#)

☐ Credit Card: Please call our office (713-745-8999) to pay by credit card.

Billing Information:

Name: (First) _____ (MI) _____ (Last/Surname) _____

Title: _____

Email #1: _____ Email #2: _____

Billing Address:

Same institution as address on page 1

Different address for billing, enter below

Address: _____

City: _____ State: _____ Zip/Postal: _____ Country: _____

Phone #: _____ Ext: _____

Invoice Delivery Options (All invoices will be emailed; select options below):

Email (Enter email addresses below)

Account Payable: _____

Physicist: _____

Other: _____

Report Options (All reports will be emailed to primary contact. Check below for additional options):

Email reports to additional contacts

Additional Email 1: _____

Additional Email 2: _____

Additional Email 3: _____

Send hard copy to primary contact.

Other Comments: