



Radiation Dosimetry Services

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DATASHEET FOR SPECIAL DOSIMETRY SERVICES

Service (select one): ☐ TBI ☐ Total Skin ☐ Special

Institution #: _____

Institution Name, City and State:

Date of Irradiation: _____

Person irradiating TLD: _____

Person to receive report:

Name: _____

Address: ☐ Same as institution, or:

Phone: _____ Fax #: _____

Email: _____

Irradiation machine (include manufacturer, model, and beam energy [specify MV for photons or MeV for electrons]):

Description of TLD irradiation (include location of TLD, approximate doses delivered to the TLD, dose medium (muscle or water) and any relevant comments):