

Film Badge/Bioassay Request Form

Check appropriate space(s): Name Change Transfer to New Supervisor Reactivate
 New Film Badge New Bioassay Delete Film Badge Delete Bioassay
 New Employee Faculty Staff Undergrad Student Graduate Student Visitor

PLEASE PRINT

Name _____ Male _____ Female _____

Social Security Number: _____ Birth Date: _____

Department Name: _____ Supervisor's Name: _____

Type of Radioactive Material to be Used: _____

Yes No **I have been employed by a company where radiation sources were used and I wore dosimetry.** If the answer is "yes," please complete the "Radiation Exposure History Form."

NAME CHANGE: From: _____ TO: _____

DOSIMETRY

Assign to the above-named individual: Film Badge Ring Badge Fetal Badge

Deliver Film Badge: Building _____ Room Number _____

Delete existing film badge #: _____. **Reactivate** film badge number _____.

BIOASSAY

Assign a Bioassay to the above-named individual. **Type:** Urine Thyroid

Beginning date _____

Deliver Bioassay Cup: Building _____ Room Number _____

Delete Bioassay. Termination date: _____

TRANSFER

Previous Supervisor's Name: _____

New Supervisor's Name: _____

(Supervisor's Signature)

(Date)

NOTE: A minimum of two weeks prior notice is required to cancel or resume film badge service. Film badge service will not be discontinued for periods of less than three months.

Mail to: Susan Hopkins, Records Management Officer, 208 Hudson Health Center.