

Form: HPF-DOS-017.a Revision #2 Date: 09/28/2018	Jefferson Lab Radiation Control Department Radiopharmaceutical Patient Information	App. to: HPP-DOS-017
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Personal Information

Name (Last, First -- print)	Dosimeter number (if applicable)	Date
Division and Organization	Contact phone	

Work location(s) _____

Medical Procedure Information

Type of procedure _____

Have you already undergone treatment?

☐ NO What is your scheduled treatment date? _____
Please report to RadCon after your treatment, but before returning to work.

☐ YES Have you worn your dosimeter since your treatment? YES* NO
** If Yes, a dosimetry investigation must be completed (HPP-DOS-020).*

Radioisotope used for procedure _____ Activity administered _____

Date of treatment _____ Time of treatment _____

Measurement	Date & Time	On contact (mrem/h)	1 meter (mrem/h)	Work Restrictions
Initial				
Second				
Third				

Instrument used for measurement _____

Serial number _____

Calibration due _____

Notes
