

**OLD DOMINION UNIVERSITY
DOSIMETRY REQUEST**

Mirion monitoring devices are the property of Old Dominion University. Charges will apply as follows for lost or stolen monitoring devices not turned in within one month following the end of the monitoring period.

**Extremity TLD \$5.00
Whole Body TLD \$15.00**

Please fill out this form completely. You will receive your radiation monitoring device(s) when this completed request form is processed.

Please return completed forms to Environmental Health & Safety Spong Hall, Rm. 2501

Questions regarding your exposure history, and requests for exposure records should be forwarded to Old Dominion University's Environmental Health and Safety Office, Spong Hall Suite 2501, Norfolk, VA, 23529. Telephone (757) 683-4495.

1. Name (Please print): _____
 Last First Middle

Former Name(s): _____
 Last First Middle

2. Social Security Number: _____ - _____ - _____ Date of Birth: _____

3. Permanent Address: _____

4. Email address _____

5. Have you ever been monitored for exposure to ionizing radiation by a school or at a job setting other than here at Old Dominion University? Yes No

6. If the answer to 5 above was "yes", please give the name, address and telephone of the previous school or employer, and the dates of attendance or employment:

Name of school/employer: _____

School/employer address: _____

School/employer telephone: _____

Dates of employment/school From: _____ To: _____

7. Type of Dosimetry Requested: Whole Body Extremity Extremity Location: Fetal

By signing this document I agree that I have read and will maintain compliance with terms and policies stated herein. In addition I hereby authorize my former employer to release my past exposure history to Old Dominion University.

Signature: _____ **Date:** _____