

Making Cancer History®

$\underline{\mathbf{R}}$ adiation $\underline{\mathbf{D}}$ osimetry $\underline{\mathbf{S}}$ ervices

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DATASHEET FOR SPECIAL DOSIMETRY SERVICES

Service (select one):	O TBI	O Total Skin	○ Special
Institution #:			
Institution Name, City and State:			
Date of Irradiation:			
Person irradiating TLD:			
Person to receive report:			
Name:			
Address:	institution, or:		
Phone:		_ Fax #:	
Email:			
Irradiation machine (include manufameV for electrons]):	acturer, model	, and beam energy [sp	ecify MV for photons or
Description of TLD irradiation (inclu	ide location of	TLD, approximate dos	es delivered to the TLD,

dose medium (muscle or water) and any relevant comments):