**SSDL CALIBRATION REQUEST FORM FOR ACTIVITY METER**

*OR # \_\_\_\_\_\_\_\_\_\_*

*Date \_\_\_\_\_\_\_\_\_\_\_*

**Instructions:**

1. Fill-out ALL the fields below and check ✓ the box ⬜ that corresponds to your facility.
2. Please write legibly. All information written in this form will be the basis of the certificate/report issued.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Customer Information** | | | | |
| Company Name: |  | | | |
| Address: |  | | | |
| Contact Person: |  | | Designation: |  |
| Contact Number: |  | | Email Address: |  |
|  | | | | |
| 1. **Field of Application** | | | | |
| ⬜ **Nuclear Medicine**  ⬜ **Conventional Diagnostic Radiology** (Conventional  Radiological, CT Scan, Special Exam Radiology,  Urology, Endoscopy, Mammography, etc.)  ⬜ **Interventional Procedure** (e.g., Cardiovascular) | | ⬜ **Radiotherapy** (e.g., Brachytherapy, Teletherapy)  ⬜ **Radioisotope production/distribution** (e.g.,  Production/ distribution of I-131, Tc-99m, etc.)  ⬜ **OTHERS (Please specify):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Instrument Information** | | | |
| **Manufacturer** | | **Model** | **Serial Number** |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
| Reference sources available in facility: | ⬜ Cesium-137 ⬜ Cobalt-57 ⬜ Barium-133 ⬜ OTHERS (Please specify): | | |
| Activity of Tc-99m for the Test of Linearity: | Unit: ⬜ MBq ⬜ mCi | | |

1. **Terms and Conditions**
2. The Institute is implementing a CASH PAYMENT POLICY. The services being requested will be provided only upon presentation of the official receipt.
3. Schedule and conduct of calibration shall be subject to arrangements for transportation and accommodations by the customer for PNRI staff as needed.
4. The customer is responsible for the availability of Tc-99m that will be used for the Test of Linearity.
5. The Certificate of Instrument Calibration shall be available for release to the customer 10 working days after the conduct of service.
6. If there are no complaints regarding the calibration ONE (1) WEEK upon release of certificate, it shall be considered acceptable.

I have read and agreed with all the terms and conditions stated above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Signature over Printed Name of Applicant | Date | RPSS Receiving Personnel |

Upon payment, contact RPSS personnel for scheduling of service:

Email: [rps@pnri.dost.gov.ph](mailto:rps@pnri.dost.gov.ph)

Number: (02) 8929-6011 to 19 local 246