Instructions:

1. Fill-out ALL the fields below and check the boxes that correspond to the requested service.
2. PLEASE WRITE LEGIBLY. All information written in this form will be the basis of the planning and scheduling of the services, and the issuance of certificates/reports.

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| 1. **Customer Information**
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| Company Name: |  |
| Address: |  |
| Contact Person: |  | Designation: |  |
| Contact Number: |  | Email: |  |

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| 1. **Requested Service**
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| 🞏 Source Output Measurement | Hospital Source: | 🞏 Iridium-192 🞏 Cobalt-60 |
| 🞏 Well-type Chamber Cross-Calibration | Hospital Source: | 🞏 Iridium-192 🞏 Cobalt-60 |
| Chamber Brand/Model: |  |
| Chamber Serial No.: |  |
| Electrometer Brand/Model: |  |
| Electrometer Serial No.: |  |
| Request for Certificate to be MAILED: | 🞏 Yes\* 🞏 No\*Mailing Fee = Php 150.00 |

**Please use separate forms for multiple brachytherapy chamber and electrometer sets.**

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| 1. **Terms and Conditions**
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| 1. The Institute is implementing a CASH PAYMENT POLICY. The services being requested will only be scheduled and provided only upon presentation of the official receipt/s.
2. *Facilities outside Metro Manila requesting brachytherapy services shall provide arrangements for transportation and accommodation for three (3) PNRI staff for the conduct of calibration.*
3. *The facility shall ensure that all hospital equipment and instruments needed for the service are in good working condition. In cases where measurements could not be performed or completed during the conduct of calibration due to issues with the hospital’s equipment and/or facilities, the service will be considered as served. A service report shall then be issued in the place of a calibration certificate or certificate of output measurement.*
4. The certificates/reports shall be available for release to the customer 10 working days after the conduct of service. The certificate/report may only be mailed to the customer upon presentation of official receipt for the mailing fee.
5. If there are no complaints regarding the calibration ONE (1) WEEK upon release of certificate/report, it shall be considered acceptable.
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I have read and agreed with all the terms and conditions stated above;
*and all information provided are correct and updated.*

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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; mlgrande@pnri.dost.gov.ph
Number: (02) 8929-6011 to 19 loc 262; 0933-607-9294; 0927-066-0751