

**Saint Louis University Radiation Safety Office**

**Radiation Dosimeter- Spare Request Form**

Date of Request: \_\_\_\_\_ Department: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Series Code: \_\_\_\_\_

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*Participant Information*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Wear Period: \_\_\_\_\_ Gender: M or F

Dosimeters Requested:    Whole Body        Ring        Collar & Waist        Fetal

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*Please Return to:*  
*Lance Peters*  
*Office of Environmental Health & Safety*  
*1402 S. Grand Blvd., Caroline 305*  
*St. Louis, MO 63104*  
*Fax: (314) 977-5560*  
*petersl2@slu.edu*

Date Assigned: \_\_\_\_\_ Wear Date: \_\_\_\_\_

Whole Body ID: \_\_\_\_\_ Collar ID: \_\_\_\_\_ Waist ID: \_\_\_\_\_ Ring ID: \_\_\_\_\_ Fetal ID: \_\_\_\_\_