Radiation Dosimetry Badge Request Form

Complete and submit this form to:
Office of Research Compliance
560 North 16th Street, Room 102
Phone: 288-7570; Fax: 288-6281

Name (First, MI, Last):

MU ID Number:

Gender: ☐ Male ☐ Female

Birth Date:

Phone Number:

Authorized User's Name:

Type of Badge(s) Requested: ☐ Film ☐ Ring ☐ Both

Received Radiation Safety Training: ☐ Yes ☐ No

Passed Radiation Safety Test: ☐ Yes ☐ No

Completed Affirmation of Training Statement: ☐ Yes ☐ No

For Office Use Only

Date Request Received by Office of Research Compliance: ____/____/____

Date Order was Placed with Global Dosimetry Solutions: ____/____/____

Person Placing the Order: _____