

IAEA/WHO POSTAL DOSE AUDIT SERVICE for Radiotherapy Centres

Batch Number

Please complete the form below and return it to Dosimetry@iaea.org

Criteria for participating: The Dosimetry Laboratory can only accept requests that are for **new installations**, or for beams that have not been checked in the last calendar year, or where there was a **discrepancy** in the previous audit. Participation is limited to **three beams maximum** per centre, thus you are advised to prioritize internally which beams need to be checked. These criteria are necessary due to the increased number of requests received by the Dosimetry Laboratory.

APPLICATION FORM

Name of institution*

Address: Street*

(Including street number, needed by the courier for personal delivery of dosimeters)

City*

ZIP code

Province / State:

Country*

E-mail *(Institutional)*

Telephone *(Institutional)*

Knowing the principles of operation of the IAEA/WHO postal dose quality audit service, we apply for participation in the audit. We accept the conditions of the IAEA/WHO audits and agree to follow the procedures established by the IAEA/WHO, in particular the policy on reporting the audit results and on the required follow-up actions.

We will be able to irradiate the IAEA dosimeters within the scheduled window:

from *(dd/mm/yyyy)* to *(dd/mm/yyyy)*

For the medical physicist: kindly put these dates into your calendar

a) We request the IAEA to provide dosimeters for the following high-energy photon beams (maximum 3)

Beam 1: High-energy X ray or Co-60 *(please tick one)*. Last checked by IAEA in year: _____

Beam 2: High-energy X ray or Co-60 *(please tick one)*. Last checked by IAEA in year: _____

Beam 3: High-energy X ray or Co-60 *(please tick one)*. Last checked by IAEA in year: _____

b) We request a standard IAEA holder stand for dosimeter irradiation* **Yes No**

Chief Medical Physicist

Head Radiation Oncologist

Family name*

Given name*

Position*

Telephone 1*

Telephone 2

E-mail address*

(your individual e-mail address, either work e-mail address or private e-mail address)

Form completed on* *(dd/mm/yyyy)*

Fields marked with (*) are mandatory