International Atomic Energy Agency (IAEA)
DOSIMETRY LABORATORY
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IAEA
*Atoms for Peace and Development*

# IAEA/WHO POSTAL DOSE AUDIT SERVICE for Radiotherapy Centres

**Batch Number** 357 .

*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 photon beams that have not been checked **in the last calendar year**, or where there was **a discrepancy** in the previous audit. **Electron beams** are checked for **new installations only**. These criteria are necessary due to the increased number of requests received by the Dosimetry Laboratory.

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## APPLICATION FORM

Name of institution*
Address: Street*
*(Including street number, needed by the courier for personal delivery of dosimeters)*
City* ZIP code
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 21/03/2024 *(dd/mm/yyyy)* to 21/03/2024 *(dd/mm/yyyy)*
**For the medical physicist: kindly put these dates into your calendar**

a) We request the IAEA to provide dosimeter sets for auditing:

| Unit # | New installation? | Beam type | Unit manufacturer and model | S/N | # beams to be audited |
|---|---|---|---|---|---|
| Unit 1 | Yes / No | ... | | | ... |
| Unit 2 | Yes / No | ... | | | ... |
| Unit 3 | Yes / No | ... | | | ... |
| Unit 4 | Yes / No | ... | | | ... |

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

| | Chief Medical Physicist | Head Radiation Oncologist |
|---|---|---|
| Family name* | ... | ... |
| Given name* | | |
| Position* | | |
| Telephone* | | |
| **E-mail address*** | | |

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

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

Fields marked with (*) are mandatory

Validate Data Send by e-mail