

REQUEST FOR COMPARISON

A. General information

SSDL / Institution*	
Full mailing address:	
Street*	City*
PO Box	ZIP
Province/State	Country*
Contact information:	
Family name*	
First name*	
E-mail*	Telephone
Position	

B. Comparison type requested¹

Radiation therapy	Yes	No
Air kerma: Co-60	Absorbed dose to water: Co-60	
Preferred connector type	Preferred time schedule	
Radiation protection: Air kerma	Yes	No
Cs-137	X-ray: N-80	X-ray: N-200
X-ray: N-40	X-ray: N-100	X-ray: N-300
Preferred connector type	Preferred time schedule	
Diagnostic radiology: Air kerma	Yes	No
RQR-2	RQR-5	RQR-10
		RQT-9
Preferred connector type	Preferred time schedule	
Mammography: Air kerma	Yes	No
RQR-M1	RQR-M4	W-Mo
RQR-M2	RQA-M2	W-Al
Preferred connector type	Preferred time schedule	
Comments		
Publishing the results by the IAEA		
Only anonymously	With SSDL information to support the calibration service	

C. Official authorization

Family name*	
First name*	Position
E-mail*	Telephone
I am electronically signing the form by checking this box*	Date

Please fill out parts A, B and C of this FORM and e-mail the pdf file to: dosimetry@iaea.org

¹ Please find information about our comparisons on our [website](https://ssdl.iaea.org/Home/Comparisons) (https://ssdl.iaea.org/Home/Comparisons)