

**IAEA**

International Atomic Energy Agency

Department of Nuclear Science and Applications,  
 Division of Human Health,  
 Dosimetry and Medical Radiation Physics Section,  
 Wagramer Strasse 5, PO Box 100, A-1400 Vienna, Austria

**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 requested<sup>1</sup>**

<b>Radiation therapy</b>		<b>Yes</b>	<b>No</b>
Air kerma: Co-60		Absorbed dose to water: Co-60	
Preferred connector type		Preferred time schedule	
<b>HDR Brachytherapy</b>		<b>Yes</b>	<b>No</b>
RAKR	Co-60	Ir-192	
<b>Radiation protection: Air kerma</b>		<b>Yes</b>	<b>No</b>
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	
<b>Diagnostic radiology: Air kerma</b>		<b>Yes</b>	<b>No</b>
RQR-2	RQR-5	RQR-10	RQT-9
Preferred connector type		Preferred time schedule	
<b>Mammography: Air kerma</b>		<b>Yes</b>	<b>No</b>
RQR-M1	RQR-M4	W+Mo-30	
RQR-M2	RQA-M2	W+Al-28	
Preferred connector type		Preferred time schedule	
Comments			
<b>Are the results to be used to support CMC's in the BIPM KCDB?</b>		<b>Yes</b>	<b>No</b>
<b>Publishing the results by the IAEA</b>			
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](mailto:dosimetry@iaea.org)

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