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[1]

Radiation therapy					**Yes** ○	**No** ⊙	
Air kerma: Co-60	☐			Absorbed dose to water: Co-60	☐		
Preferred connector type				Preferred time schedule			
HDR Brachytherapy					**Yes** ○	**No** ⊙	
RAKR	Co-60 ☐	Ir-192 ☐		Insert type			
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-30	☐		
RQR-M2	☐	RQA-M2	☐	W+Al-28	☐		
Preferred connector type				Preferred time schedule			
Comments							
Are the results to be used to support CMC's in the BIPM KCDB?					**Yes** ○	**No** ⊙	
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	Today

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

Submit by email

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