

Request for Fetal Radiation Monitoring

Personal Information

Fill out all fields for the personal information about the user of radioactive materials.

Full Name	_____	Preferred Name	_____
Employee ID #	_____	UW E-mail	_____
Department	_____	Estimated Due Date	_____
Title/Position	_____	Estimated Conception Date	_____

Are you currently wearing a dosimeter? Yes No

If you answered no to the above question, please fill out a Radiation Worker and Dosimetry Application in addition to this form.

If you wish to keep your pregnancy confidential, please contact Radiation Safety at 543.0463 before submitting this form. Otherwise, your fetal dosimeter will be mailed directly to the Area Dosimetry Coordinator who handles your department's dosimeters.

Please notify Radiation Safety when you no longer require fetal monitoring.

Applicant Agreement

I authorize the University of Washington to receive a summation of all pertinent previous and/or concurrent occupational radiation exposure data. I agree to return all dosimeters in a timely manner and report losses promptly. I understand that failure to return dosimetry may result in fines to my department.

Signature _____ Date _____

<i>Radiation Safety office use only</i>			
Series Code	_____	Badge Type(s)	_____
Date Ordered	_____	Spare(s) Assigned	_____
Admin Review:	No dose between conception and declaration. Admin review only.	<input type="checkbox"/>	CEDE between Conception and Declaration _____
Dosimetry Review:	HP Reviewer _____	Remaining allowable dose (mrem)	_____