

FB0604E Request Form for TLD comparison with PTW

To be completed by customer:

Customer: (complete description and address)	
Differing Shipping Address: (only if applicable)	
Differing Billing Address: (only if applicable)	
Contact Person: (phone / Fax / email)	
Supervisory authority: (only if applicable)	
Dosimetry equipment to be controlled: (type number of electrometers and ionization chambers)	
Existing phantoms / Adapters	<input type="checkbox"/> T41023 <input type="checkbox"/> MP3 <input type="checkbox"/> MP3 with Truflux <input type="checkbox"/> other phantom (type number) :
Needed phantom / Spacer rings / Adapters (on loan)	<input type="checkbox"/> T41023 (small PTW water phantom) <input type="checkbox"/> Adapter for all the above chambers <input type="checkbox"/> Adapter for TLD probes <input type="checkbox"/> Adapter for the following chamber types: <input type="checkbox"/> Spacer rings for the following chamber types:
Number of required TLD sets	<input type="checkbox"/> 1 <input type="checkbox"/> 2 (8 TLD probes per TLD set)
Desired irradiation date:	

The customer herewith is commissioning the company PTW-FREIBURG to perform a TLD comparison measurement (MTK) with the customer.

The customer confirms that the procedure instructions (document No. PTW-014122): "Measurement control for therapy dosimeters in the energy range from 1.33 MeV and with electron radiation from linear accelerators" has been read. The customer recognizes the terms and conditions set out in the document. In particular, he recognizes his obligation to provide all information necessary to perform the comparison measurement.

_____ for the customer: Name

_____ Date

_____ Signature