

Request for Calibration of Dosimetry Equipment Used in Radiation Therapy

1. **General info:** The therapy level calibration is performed at the SSDL according to the IAEA TRS-398 Dosimetry Code of Practice in a Co-60 beam by the substitution method against a secondary standard traceable to the IAEA. Please kindly fill-in one request for each ionization chamber/assembly.

2. **Customer Information:**

Institution name and full address:			
Contact person	Name:		
	Tel:		Fax: <input type="text"/>
	E-mail:		

3. **Preferred dates of calibration:**

4. **Requested type of calibration:**

(please fill-in Yes or No)

	for the ionization chamber only	for the whole assembly (chamber + electrometer)
Absorbed dose to water in Co-60, $N_{D,w}$ (Gy/C)		
Air kerma in Co-60, N_K (Gy/C)		

5. **Description of equipment submitted for calibration:**

5.1. **Ionization chamber**

Manufacturer:		Model:		Serial No:	
Polarizing voltage (V):		Collecting electrode polarity (+ / -):		Conn. type (*):	

5.2. **Electrometer** / fill-in, if the calibration is requested for the whole assembly (chamber + electrometer)

Manufacturer:		Model:		Serial No:	
Polarizing voltage (V):		Polarity (+/-):		Conn. type (*):	

(*) Connector type: Triax TNC, Triax BNC, Coax BNC, PTW M, mQ, ...,

6. **Please submit also the following items** (where appropriate and available):

6.1. **Build-up cap** for the given ionization chamber, if air-kerma calibration is requested

6.2. Copy of the **last calibration certificate**

6.3. **Extension chamber cable** if the length of the chamber cable is less than 10 m. In this case a total length of the cables should be more than 10m.

6.4. **Adequate adapter** for connecting a chamber to an electrometer in the case that an ionization chamber and an electrometer have different types of connector.

7. **Additional requests/notes of the customer** (not mandatory):

--

8. **Official authorization**

.....
Date

.....
Name

.....
Signature