UAB RSP Bioassay Program Questionnaire

Date:	_ Background CPM:	Measured CPM:
		in this questionnaire is confidential. The S) is obligated under HIPPA regulations.
_	ssay Baseline is very importations that is uptake. The bioassay baseling	ant in the potential determination of internal ne consists of two steps.
•	` ,	odide (NaI) crystal is used to externally tamination or uptake. (Scan process takes 5
11	3 mls of urine is acquired and	counted/analyzed in a Liquid the presence of radioactive contamination.
Please provide the follow	wing information:	
Full name:		Blazer ID:
Work number (or numb	er at which you can be reach	ed):
Date of Birth:		
Name of Licensee (PI) a	and License number:	
Name of Department:		
Building and Room nun	nber(s) of which you will be	working:
Isotopes that you use or	expect to use:	

After you have finished all 3 modules of RS1003: Radiation Safety Initial Training Sessions you will be directed to register for a bioassay "class." If you have issues, contact (205) 934-2487 to schedule your bioassay. Please bring this completed questionnaire with you to Room 221 of CH20 (Community Health Services Building), located near the corner of 20th Street South and 10th Avenue South

THE DEADLINE TO SUBMIT YOUR BIOASSAY IS 3:30 P.M. THE TUESDAY BEFORE THE RADIATION HANDS-ON PRACTICUM.