

Application form for the verification of dosimeter with well ionisation chamber for Ir-192 HDR-brachytherapy

Centre:
 Division:
 Address:

 Contact person:
 Tel:
 Fax:
 E-mail:

Please fill in this form and send it to:
 thierry.buchillier@chuv.ch

Institut de radiophysique IRA
 Rue du Grand-Pré 1
 1007 Lausanne
 C. Bailat Tel. 021 314 80 65
 T. Buchillier Tel. 021 314 81 51

Invoice address:

Electrometer ?

Type	*
PTW Unidos	<input type="checkbox"/>
Serial number	
.....	
PTW Unidos E	<input type="checkbox"/>
PTW Unidos Webline	<input type="checkbox"/>
PTW Tango	<input type="checkbox"/>
PTW Romeo	<input type="checkbox"/>
Other:	<input type="checkbox"/>

High voltage ?

Positive V
 Negative V

Check source ?

Type

Serial number

Reference value

Reference date

Well ionisation chamber ?

PTW 33004	<input type="checkbox"/>
Serial number	
.....	
PTW 33005	<input type="checkbox"/>
Nucletron 077.094	<input type="checkbox"/>
Other	<input type="checkbox"/>

Brachytherapy treatment unit ?

Varian GammaMed

Varian BRAVOS

Nucletron microSelectron

Other:

* Please tick the correct box

Date and signature: