

Saint Louis University Radiation Safety Office

Radiation Dosimeter- Deletions

Date of Request: _____	Department: _____
Contact Person: _____	Series Code: _____

Name (*Last, First*) _____

Dosimeter: Whole Body Ring Collar Waist Fetal

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Comments: _____

Please Return to:

Lance Peters
Office of Environmental Health & Safety
1402 S. Grand Blvd., Caroline 305
St. Louis, MO 63104

Fax: (314) 977-5560
lance.peters@slu.edu