

# Film Badge/Bioassay Request Form

Check appropriate space(s):  Name Change  Transfer to New Supervisor  Reactivate  
 New Film Badge  New Bioassay  Delete Film Badge  Delete Bioassay  
 New Employee  Faculty  Staff  Undergrad Student  Graduate Student  Visitor

**PLEASE PRINT**

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Department Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Type of Radioactive Material to be Used: \_\_\_\_\_

Yes  No **I have been employed by a company where radiation sources were used and I wore dosimetry.** If the answer is "yes," please complete the "Radiation Exposure History Form."

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**NAME CHANGE:** From: \_\_\_\_\_ TO: \_\_\_\_\_

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**DOSIMETRY**

Assign to the above-named individual:  Film Badge  Ring Badge  Fetal Badge

**Deliver Film Badge:** Building \_\_\_\_\_ Room Number \_\_\_\_\_

Delete existing film badge #: \_\_\_\_\_ Reactivate film badge number \_\_\_\_\_

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**BIOASSAY**

Assign a Bioassay to the above-named individual. Type:  Urine  Thyroid

Beginning date \_\_\_\_\_

**Deliver Bioassay Cup:** Building \_\_\_\_\_ Room Number \_\_\_\_\_

Delete Bioassay. Termination date: \_\_\_\_\_

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**TRANSFER**

Previous Supervisor's Name: \_\_\_\_\_

New Supervisor's Name: \_\_\_\_\_

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\_\_\_\_\_  
(Supervisor's Signature)

\_\_\_\_\_  
(Date)

**NOTE:** A minimum of two weeks prior notice is required to cancel or resume film badge service. Film badge service will not be discontinued for periods of less than three months.

**Mail to: Risk Management & Safety, 142 University Service Center.**