**Request for specific dose delivered to dosimeter.**

Request ID No. Click here to enter text.

(Filled by FANR SSDL)

*Customer information:*

Name of company: Click here to enter text.

Address: Click here to enter text.

Email: Click here to enter text.

Phone number: Click here to enter text.

Contact’s Name: Click here to enter text.

Contact’s Email: Click here to enter text.

Contact’s Phone number (Mobile preferred): Click here to enter text.

*Dosimeter information:*

Number of dosimeters to be exposed: Click here to enter text.

Please notice that Dosimeters for Background Measurements need to be labeled as such.

(If Dosimeter is electronic then: Type and serial no needs to be provided).

*Requested Type:*

H\*(10)  Hp(10)  Hp(0.07) NB.: **Only one type for each request.**

|  |  |  |  |
| --- | --- | --- | --- |
| Radiation quality | Dose | Dosimeter labeling | Number of dosimeters |
| Select the wanted radiation quality | Select the wanted dose- | Enter the labeling of the dosimeters. | Enter number of dosimeters. |

Date when FANR SSDL is to have possession of the dosimeters (filled by FANR SSDL): Click here to enter a date.

Cost (filled by FANR SSDL): Click here to enter text. AED

Date/signature FANR SSDL as accept of request:

Click here to enter a date. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/signature of customer as accept of the mentioned costs:

Click here to enter a date. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read and agree to Terms and conditions of FANR SSDL services. Found at FANR web page