

Saint Louis University Radiation Safety Office

Radiation Dosimeter- Reactivation Form

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

Name (Last, First) _____

Dosimeter: Whole Body Ring Collar Waist

Name (Last, First) _____

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Dosimeter: Whole Body Ring Collar Waist

Please Return to:

*Lance Peters
Office of Environmental Health & Safety
1402 S. Grand Blvd., Caroline 305
St. Louis, MO 63104
Fax: (314) 977-5560
petersl2@slu.edu*