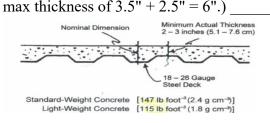
Medical Physics Center Shielding Request Questionnaire

(please fill out and return to us for any and all requests, thank you)

Name of Facility:	Room#:	Date:
Facility Address:		
Contact person(s):	Email:	ph#:
Contact person(s):	Email:	ph#:
Type of Shielding requested; Nuclear Medicine		
General Purpose Single Camera Cardiac Camera	Spect Can Spect /CT	iera
Equipment manufacturer:	Name	of NM Camera:
PHYSICAL LOCATION:		
1. Is this room in a single story building		
2. If not, what floor is the room on?		
3. Are there rooms above and/or below the factors)? Need ¹ / ₄ " Drawings of the Floor 1		
4. What is the floor to floor distance abo	ve/below this room?	
5. What is the construction of the floor/c thickness? Concrete poured in a steel floo the concrete in which there is a 2-3" differ 3.5 " - 6" concrete poured in an 18 ga. 3.5 " the concrete is 3.5 " thick poured to the top	r pan? (floorplans are usually ence between the minimum a steel floor pan means that th of the steel pan with a 2.5" a	y a "corrugated design" that will match and maximum height of the steel pan; e.g e steel pan corrugation is 3.5" deepso



- 6. Do you have a 1/4" scaled plan (PDF NOT CAD) for this room? Do you have an overall plan so we can see what rooms are around this x-ray room?
- 7. All Rooms should have a number and use, e.g. Room 105 Office. This enables an accurate description of each Barrier. An indication of N direction.

Name of Facility:	Room#:	Date:	
PATIENT LOAD:			

- 1. How many patient studies do you plan to do per week? _____ (Very important--used for all shielding Calcs)
- 2 Normally for general Nuclear Medicine studies the main Radioisotope is Tc 99m. _____Avg mCi/pt. Other /Radiation Sources ______Strength of Source per Study: _____mCis
- 3. For SPECT Camera: Time of study_____? Strength of Source per Study: _____mCis Is the patient held for uptake time: _____ time and where is patient held? _____
- 4. For SPECT/CT Cameras: Time of Study _____. Holding Room/s ______ Time ______
 Restroom for Patient _______
 Type of Studies: _______
 Type of Radioisotope: _______ # ofmCi ______ per study. If more than on type please List: _______