



Department of Radiation Safety

Questions? Please call our front desk 612-626-6002

Individual Requesting Report (full name): _____

Individual's Date of Birth: _____

Type(s) of Dosimeter Worn: Body badge Ring Collar badge

Please send my dosimetry reports to:

Institution or Company: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

ATTN (if applicable): _____

Signature: _____

Phone number: _____

Email address: _____

Send this request to: University of Minnesota
Department of Radiation Safety
501 23rd Avenue SE
Minneapolis, MN 55455

ATTN: Radiation Dosimetry Service

or email to: RPD@umn.edu