|  |
| --- |
| 1. **CLIENT INFORMATION** [ ]  **FOR NEW APPLICATION** [ ] **FOR RENEWAL OF SERVICE**
 |
| 1. Complete Facility Name:
 |   |
| 1. Type of Office
 | [ ] Main [ ]  Branch [ ] Others:  |
| 1. Facility Address 1:
 |  |
| Facility Address 2: |   | Zip Code |  |
| 1. Contact Person:
 |   | Designation: |  |
| 1. Billing Address:
 |  |
| 1. Bill-To Person:
 |   | Designation: |  |
| 1. Tel No.:
 |  | Mobile No. |  |
| 1. Company TIN.:
 |  | E-mail:  |  |
| **2. RADIATION EMITTING EQUIPMENT** *(Use additional sheets if necessary)* |
|  | ***Brand*** |  | ***Model*** |  | ***Details (kV and mA)*** |
| 1. X-ray
 |   |  |  |  |  |
| 1. CT-Scan
 |  |  |  |  |  |
| 1. Mammography
 |  |  |  |  |  |
| 1. Other: (Specify)
 |  |  |  |  |  |
| 1. **RADIATION DETECTORS AND PERSONAL PROTECTIVE EQUIPMENT**
 |
| 1. Radiation Detector [ ]  Survey Meter [ ]  Pen Dosimeter Others:
 |
| 1. Protective Equipment [ ]  Lead Gown [ ]  Lead Goggles [ ]  Thyroid Shield Others:
 |
| 1. **USER/S INFORMATION**
 |
|  | **Name *(Last Name, First Name, Middle Initial)*** | **Gender** | **Designation** | **Department Name** | **Pregnant (Y/N)** |
| 01 |  |  |  |  |  |
| 02 |  |  |  |  |  |
| 03 |  |  |  |  |  |
| 04 |  |  |  |  |  |
| 05 |  |  |  |  |  |
| 06 |  |  |  |  |  |
| 07 |  |  |  |  |  |
| 08 |  |  |  |  |  |
| 09 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |
| 13 |  |  |  |  |  |
| 14 |  |  |  |  |  |
| 15 |  |  |  |  |  |
| 1. **NUMBER OF BACKGROUND CONTROL BADGES**
 |  **SPECIFY LOCATION** |
| 01 |  |  |
| 02 |  |  |
| 03 |  |  |
| ***NOTE: Should you have more than 15 users or more than 3 background control badges, kindly place details in an attached sheet.*** |
| 1. **SUBSCRIPTION PLAN**
 |
| [ ] **Monthly Monitoring**\*Receives 12 dose reports in a year | [ ] **Bi-Monthly Monitoring**\*Receives 6 dose reports in a year |
| 1. **TYPE OF DELIVERY** [ ]  LBC [ ] N/A (For Pick-Up)
 |
| 1. **BADGE SUMMARY**
 |
| **Total No. of Users:**  | **Total No. of Background Badges:**  |
| ***NOTE: Prices are VAT inclusive. Prices include free assessment of dose badges, delivery of dose reports. Prices are subject to change without prior notice.*** |
| 1. **AGREEMENT.**

[ ]  *By ticking this box, it is understood that all information provided in this application is true, correct and complete. I accept the terms and conditions of subscription to OSLD Dosimetry Services provided by TÜV Rheinland Philippines, Inc., including any amendments thereto.*  |
|  **Full Name of Representative** | **Date Signed** |

*Kindly send this completed form to* *oslservice@tuv.com* *or directly submit it to our office. Upon our acknowledgement, a quote will be sent to you with the corresponding breakdown of fees. You will receive your badges through your preferred delivery type* ***15 working days*** *after we have received a copy of your full payment receipt. For questions or clarifications, please feel free to contact us at +63 2 8246 1670.*