

REQUEST FOR A DOSIMETRY COMPARISON				Bureau International des Poids et Mesures Quality Management System
Author: D Burns	Date: 2018-07-27 Version: 1.2	Authorized: S Judge	RI-DOS-F-05	

Request for a dosimetry comparison

Please tick **one** comparison (see protocol http://www.bipm.org/utis/en/pdf/technical_protocol_dosimetr.pdf)

Air kerma BIPM.RI(I) - K1 K2 K3 K7
 or Absorbed dose to water BIPM.RI(I) - K4 K6 K9

Name of national metrology institute/laboratory:

Name of contact person for technical information:

Telephone: E-mail:

Proposed/agreed dates for the comparison:

Description of primary or transfer ionization chamber(s) for the comparison¹

Chamber type (manufacturer, type and serial number)	Dimensions	Height ² Connector Orientation ³			Polarizing voltage			Approx volume / cm ³
		Value	Sign	Where? W or C ⁴				

¹ If a calorimeter is to be used, please contact the BIPM directly.

² **Height** of reference point from end of stem, or from base for free-air chamber

³ **Orientation** with respect to the beam.

⁴ When only one polarity is used, please indicate with an **W** if the polarizing voltage is applied to the outer **wall/window** or with a **C** if it is applied to the **collector**.

Transport of instruments to the BIPM

The equipment will be hand carried by

The equipment will be sent by international carrier

Please also complete the shipping form following the corresponding instruction (both sent with this form) to ensure the appropriate Customs documents and formalities are completed.

Official authorization:

Signature

Date _ _ _ _ - _ - _

Name (capital letters)

Designation

Please e-mail this form to dosimetry@bipm.org or fax to +33 1 45 34 20 21

Received by

Date _ _ _ _ - _ - _