

May 21, 2009

RPR 12A URINALYSIS SCREENING ASSAY

Name: _____

Soc. Sec. No. _____

Department: _____

Work Location: _____

Radionuclides used since last bioassay:

<u>Nuclide</u>	<u>How Much?</u>	<u>How Long Ago?</u>	<u>Verification</u>	<u>Investigation</u>
_____	_____ mCi	_____ weeks	_____ dpm/ml	_____ dpm/ml
_____	_____ mCi	_____ weeks	_____ dpm/ml	_____ dpm/ml

_____ Check here if all records of contamination surveys, both by the user and the RSO, indicate no personal contamination and no exposure to unconfined radioactive materials exceeding the levels specified under "Conditions of use that require bioassay" in the procedure.

_____ Check here if you have used no dispersible radioactive materials since your last bioassay.

If you have checked either of the above exemption statements, provide the signatures and return the form to the RSO.

Assay Data: Sample collection date: _____ Date counted: _____

Instrument used (make, model, S.N.): _____

Sample: _____ ml Fluor: _____ ml Count time: _____ minutes

Counts per minute (cpm) from samples: Urine: _____ DI water: _____

Nominal counting efficiency for the assay = _____ cpm/dis

Concentration in dpm/ml:

= $\frac{(\text{Urine sample counts (cpm)}) - (\text{Distilled water sample counts (cpm)})}{(\text{Sample volume (ml)}) \times (\text{Efficiency (cpm/dis)})}$

= _____ dpm/ml Less than verification level? Yes No

If less than the verification level, sign the form and obtain the signature of the authorized user, then send the form promptly to the RSO.

If the results exceed the verification level, proceed with a verification assay, using the following form (RPR 12B) for reporting.

Signatures:

Counted by: _____ Responsible user: _____

RSO verification of survey data: _____ (Analyst or RSO)