RPR 12A. URINALYSIS SCREENING ASSAY

Name: _____ Soc. Sec. No. _____ UNID : _____

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

☐ 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 REQUIRING BIOASSAYS" in the procedure.

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

Radionuclides used since last bioassay: **Action Levels**

Nuclide	How Much?	How Long Ago?	Verification	Investigation
_____	_____ mCi	_____ weeks	_____ dpm/mL	_____ dpm/mL
_____	_____ mCi	_____ weeks	_____ dpm/mL	_____ dpm/mL

Assay Data: Sample collection date: _____Date counted: _____

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

_____

Volume of Samples: _____ mL Fluor: _____ mL Count time: _____ minutes

Use the same volumes of urine and tap water for the samples. If not counted for the minimum time required for the critical nuclide and the elapsed time, the assay will not be valid.

Total counts from samples - Urine: _____ Water: _____

Nominal counting efficiency for the assay = _____ counts/dis

Concentration in dpm/mL:

$$\frac{\text{(Urine sample counts) - (Water sample counts)}}{\text{(Sample volume, mL) x (Count time, min) x (Efficiency, counts/dis)}}$$

☐   = _____ dpm/mL   Less than verification level?   Yes   No

If less than the verification level, sign the form and obtain the signature of the responsible user; then send the form promptly to the Radiological Health Department, 322 RAB (Campus Address)

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

Signatures: Counted by: _____Responsible User: _____

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

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