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**BRACHYTHERAPY
 ACCREDITED DOSIMETRY CALIBRATION LABORATORY**

Facility _____ Phone _____

Person _____ Fax _____

Well Chamber Description _____

WELL CHAMBER CALIBRATION

HIGH DOSE RATE POINT _____ Iridium 192

LOW DOSE RATE POINTS

Iodine 125: -----
 _____ Bard Brachytherapy Brachysource® 125 Model STM1251
 _____ Best Medical International, Inc. Best® I-125 Model 2301
 _____ IsoAid Advantage Iodine-125™ Model IAI-125A
 _____ Oncura Oncoseed™ Model6711
 _____ Oncura Thinseed™ Model9011
 _____ Theragenics Corporation AgX100 I-125 seed, Model AgX100

Palladium103: -----
 _____ Best Medical International, Inc. Best® Pd-103 Model 2335
 _____ IsoAid Advantage Palladium-103™ Model IAPd-103A
 _____ Theragenics Corporation TheraSeed® Model 200

Cesium 131-----
 _____ IsoRay Medical, Proxcelan® Model Cs-1

Iridium 192: -----
 _____ Best Medical International, Inc. Best® Ir-192 Model 85-01

Cesium 137: -----
 _____ 3M Cesium 137

Calibration intervals: Your re-calibration reminder will be set on a 24 month interval unless you specify otherwise. IF you wish a re-calibration date recorded on your report please indicate the interval you require in the space below.

American Express, MasterCard, Visa accepted

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