

Institutional Information:

Institution Name:

Contact Person:

Address:

Contact Number:

Rooms:

Fax Number:

(by type and number):

Deliverables to Be Submitted to DTC:

1. Signed quotation for DTC shielding design consultative services.
2. Final 1/8" or 1/4" **HARD COPY architectural drawings or PDF**, with scale **and** dimensions noted.
 - To assure design accuracy, please **DO NOT** send photocopies, reduced, faxed or AutoCAD.
3. Placement of imaging equipment within the room(s).
 - The "to-scale" drawings must show the actual placement of the equipment in the room, including any vertical cassette holders.
 - In the case of radiographic rooms, please note if the tube support is a floor-to-ceiling mount or ceiling suspension.
4. Provide drawings showing all adjacent rooms and spaces.
 - Clearly identify the function of each adjacent room (e.g. office, restroom, file room, corridor, etc.). If any outside space can potentially be occupied (patio, sidewalk, etc.) please identify that.
 - If the adjacent space is a corridor, the rooms across the corridor must be identified.
5. If any existing imaging rooms are to be modified for this project, please provide a demolition drawing.
6. Provide floor plans showing spaces above & below with the functions clearly identified **and** the perimeter of the x-ray room clearly identified on the plans.
 - 6a. NA-slab-on-grade, single-story: IF YOU CHECK THIS ITEM, THEN MOVE TO ITEM #8
 - 6b. NA-slab-on-grade, multiple-story IF: YOU CHECK THIS ITEM, THEN MOVE TO ITEM #7

Upon completion of this form:

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To provide information on more than one room, use pages 10-11.

7. Provide information on slabs – include the following information:

- Type of slab:

Slab to slab distance: ft. in.

Minimum thickness of the slab (see illustration): in.



- Density of Concrete:

Lightweight 90-115 lb./ft³

Standard 140-150 lb./ft³

8. If there is an adjacent building, wing, or any type of occupied space within 20 feet of the outside walls of the imaging areas:

- Please provide a drawing that indicates the distance between the structures
- Please provide a drawing that identifies the occupied space by function (office, waiting, etc.)

9. Provide a description of imaging equipment (include a manufacturer brochure or manual if available):

Equipment Manufacturer	Model	Max Tube Output	Max kVp	Room
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- If the vendor has radiation scatter diagrams, please provide a copy.

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10. Please give the projected caseload **PER WEEK** for **each** imaging room involved.

- Please define "week" 5 days 6 days 7 days

Room Type:

Caseload:

Radiographic:

Vertical Bucky/Cassette Holder
On Table

R & F:

Fluoroscopic
Radiographic (On Table)
Vertical Image Receptor
(e.g. Chest Stand)

CT:

Head
Other Than Head

Mammography:
2D 3D

**Interventional Radiology
/ Cardiology:**

Angiography
Peripheral

DEXA:

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10. Continued

Nuclear Medicine / PET: Room Number:

Radionuclide	Activity (mCi)	No. of Scans Per Week	Procedure

★ For PET design, unless otherwise specified by the client, an average uptake time of 1 hour, and an average scan time of 30 min. will be used in the design.

If you do not have caseload information, please provide us with the name and number of the responsible person in the imaging department.

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11. List of Contacts: Names, titles, numbers, etc. of key people (department managers, architects, contractors, etc.):

Name & Title:

Phone:

Email:

12. Person(s) to whom the report should be submitted, with complete mailing and e-mail addresses.

Name:

Mailing Address:

Email:

13. Comments