



Radiation Safety

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631-632-6410 (Office)
631-632-9683 (Fax)

Serving Stony Brook University, Stony Brook Medicine, & Article 28 facilities

Lost Radiation Dosimeter Form

Legal Name		Date of Birth mm/dd/yyyy	
Department		SB ID# (No social security numbers)	
Date Lost		Contact Number	
Email		Location SB University SB Hospital SB Southampton SB Eastern LI	

Dosimeter Type

- Chest
- Collar
- Ring
- Fetal

Return Completed Form to: anthony.boccia@stonybrookmedicine.edu
or mail to x6200 EHS Suffolk Hall