K&S Associates, Inc.
1926 Elm Tree Drive
Nashville, Tennessee 37210-3718
800-522-2325 Fax 615-871-0856

Accredited® Dosimetry Calibration Laboratory

ACCREDITED
CALIBRATION CERT #1866.01

BrachyTherapy Well Chamber or Source Accredited Calibration Service

Facility_____ Phone _____

Person_____ Email _____

Well Chamber Description _____

Points: Please mark which points requested

Well Chamber Calibration

HIGH DOSE RATE POINT _____Iridium 192

LOW DOSE RATE POINTS (AVAILABLE)

1st point (Quantity 1 = _____)

each additional (Quantity = _____)

Iodine 125: ----------

_____ Bard Brachytherapy Brachysource® 125 Model STM1251
_____ Best Medical International, Inc. Best® I-125 Model 2301
_____ IsoAid Advantage Iodine-125™ Model IAI-125A
_____ 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

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.

_____

BRACHYTHERAPY SOURCE CALIBRATION SERVICE

Quantity = _____

Payment via check, American Express, MasterCard, Visa are accepted

email: info@kslab.com **website: http//www.kslab.com**