IROC™
IMAGING AND
RADIATION ONCOLOGY CORE
Global Leaders in Clinical Trial Quality Assurance

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PROTON BEAM TLD IRRADIATION FORM

Please Note the Form Change

Correct? (see facility questionnaire)

Institution:_____ Yes No
Person to receive report: _____ Yes No
E-mail address of person to receive report: _____
Person irradiating TLD, if different from above:
Name:_____ Phone: _____
For questions regarding TLD irradiation, if different from above:
Name:_____ Phone: _____

MACHINE AND IRRADIATION PARAMETERS FOR BLOCK: F

In-House Designation: _____
Date irradiated (mm/dd/yyyy): _____/_____/____
SOBP Width: _____cm
Field Size: _____cm
Energy: _____MeV
SSD (to surface of phantom): _____cm
Range (D_{90}): _____cm
Snout size/distance: _____cm

DESCRIBE YOUR CALIBRATION PROCEDURE

Distance from source to your output specification point = _____cm (see instructions).
Output at this point in a 10 x 10 cm field at time of TLD irradiation = _____ cGy/mu.

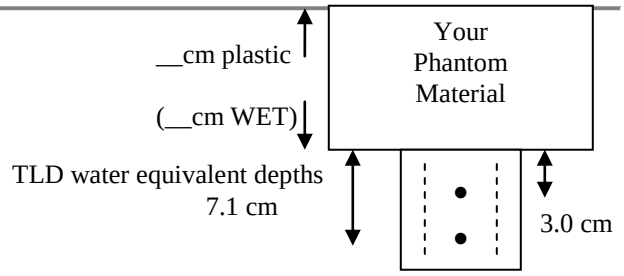
Output stated above is (check one):
☐ Nominal Output
☐ Daily check reading (day of TLD irradiation)
☐ Ion chamber calibration (day of TLD irradiation)

Output is specified at: (check one)
☐ SSD = _____or
☐ SAD = _____
Center of SOBP? ☐ Yes ☐ No

Calibration Protocol: ☐ TRS-398 ☐ ICRU-59 ☐ Other _____

TLD SET-UP

TLDs are at the water equivalent depths indicated. Add enough phantom material to position both TLDs within the SOBP. Indicate the thickness of added phantom material here and below.



Dose Delivered

TLD Block ID Number	Output at Reference Depth	Monitor Units Set	Absorbed Dose @ Reference Depth	Depth Dose @ upper TLD	Depth Dose @ lower TLD
F	_____ cGy/mu	_____	_____ cGy	_____%	_____%

PLEASE ENCLOSE A COPY OF YOUR DEPTH DOSE TABLES FOR THIS PROTON ENERGY

FOR RPC USE ONLY

BATCH	CODE	DATE_SENT	DATE_RECEIVED
B11			