

Dose Calibrator Linearity Test Record Technologist's Decay Linearity Form

DIRECTIONS: Complete shaded areas below to include assay date, assay time & measured activity. Continue readings until below 30 uCi.

FAX COMPLETED FORM TO: 440-327-6280

Site: _____

Date: _____ D.C. Model #: _____

Start Time: _____ Serial #: _____

Source: _____ of Tc-99m in 3 mL syringe

Assay Date	Assay Time	Elapsed Time (hr)	Measured Activity (mCi)	Expected Activity (mCi)	% Deviation
		0.00		0	#DIV/0!
		0.00		0.00	#DIV/0!
		0.00		0.00	#DIV/0!
		0.00		0.00	#DIV/0!
		0.00		0.000	#DIV/0!
		0.00		0.000	#DIV/0!
		0.00		0.000	#DIV/0!
		0.00		0.000	#DIV/0!
		0.00		0.000	#DIV/0!
		0.00		0.000	#DIV/0!
		0.00		0.000	#DIV/0!
		0.00		0.000	#DIV/0!

All deviations of the assayed values must be within 10% of the expected values.

Performed by:

Reviewed by:

Site Technologist

Universal Consultants, Inc.