



Radiation Detection Company

3527 Snead Drive
Georgetown, TX 78626

Changes in Service – Existing Account

Please print or type

www.radetco.com
Phone 512.831.7000
Fax 512.861.0456

Company Name and Address:

Current Date _____

Account Number _____ Group Number _____

Company Name _____

Street Address or P.O. Box _____

City _____ State _____ Zip _____

Phone Number _____

Company Authorization:

Contact Name (Required) _____

Additions Start Date: (7 business days unless otherwise specified)

- Rush Processing (\$30.00 Fee) _____
- Standard (7-10 Business Days) _____
- Next Wear Period _____

Deletion Termination Date _____

Transfers Effective Date _____

Email Register this email for an online account*

Please check if change in address above and check the appropriate box below

- Shipping
- Report
- Invoice

*See back of form for help: changes are also accepted by phone, fax, email, or online account**

PIN	Name (Last, First)	Gender	DOB	Add	Del	Re-activate	Group	Transfer Group #		Type	Loc
								From	To		

*An online account provides access to your dosimetry account and is available free of charge to all active customers. Log onto www.radetco.com to register.

Additional clip straps (sold in packs of 5) and other radiation safety products are available online @ www.radetco.com/Store.aspx

This form is available @ www.radetco.com/downloads.aspx

RDC use only:

CS: _____ Badge Reassignment Form Completed: Order Created _____

In order to ensure that changes are made in the most accurate and efficient manner, Radiation Detection Company (RDC) utilizes this "Changes in Service" form. The information provided must be as complete as possible in typed or printed form.

Please state the exact nature of the change in service on this form. Requests submitted on scraps of paper or written on the badge labels will NOT be processed without customer authorization. Please **DO NOT WRITE ON OR COVER BADGE WITH LABELS OR TAPE**. Doing so may interfere with the filtration and affect dose calculations. Badges altered this way will be reported with an estimated dose on the dosimetry report.

The following items should be included with each request:

1. **Company Name and Address**
2. **Current Date**
3. **RDC Account and Group #**
4. **Date** change is to take effect (for additions, deletions or transfers)
5. **Personal Identification Number (PIN)** (7-digit number used for deletions, transfers or reinstatements only)
6. Employee's **Name, Gender and Date of Birth (DOB)**
7. If **Addition, Deletion, or Reactivation**, place an X in the appropriate box
8. **Group #** (for those accounts with multiple groups)
9. If **Transfer From**: group Employee is leaving
10. If **Transfer To**: group Employee is transferred or reinstated into
11. **TYPE:**

B = TLD XBGN

TE = TLD XBGN/TE

R = TLD Finger Ring (plastic)

12. **LOCATION** (Please Specify):

CH = Chest

RU = Right Hand or Upper Extremity

CL = Collar

LU = Left Hand or Upper Extremity

WS = Waist

EV = Environmental or Area Monitor

FM = Fetal Monitor

XC = Control

For answers to any additional questions, or to sign up for an online account, contact RDC's Customer Care department at 512.831.7000 (Monday - Friday) 8:00 a.m. - 5:00 p.m. (Central Time) or email customercare@radetco.com.