

# TYPICAL NUCLEAR CARDIOLOGY HOT LAB SET UP

**Instructions:**

1. Please place a ✓ next to the items you would like pricing on.
2. Please indicate the quantity of the items you want.
3. Please complete the bottom portion with your name, facility name, a phone number where you can be reached and either your email address or fax number.
4. Please return completed form by email to [info@technologyimaging.com](mailto:info@technologyimaging.com) or by fax at 330.758.1617, Attention:Sales.

ITEM	QUANTITY
<input type="checkbox"/> Dose Calibrator	_____
<input type="checkbox"/> Cs-137 E-Vial 200 uCi	_____
<input type="checkbox"/> Co-57 E-Vial, 5 mCi	_____
<input type="checkbox"/> Survey Meter Model 14C	_____
<input type="checkbox"/> Pancake or GM Probe	_____
<input type="checkbox"/> Check Source, Cs-137, 1.0 uCi	_____
<input type="checkbox"/> Check Source Holder	_____
<input type="checkbox"/> Dosimeter, Personal Electronic, mR	_____
<input type="checkbox"/> Mini Table Top Shield	_____
<input type="checkbox"/> Syringe Carrier, Large, .125" lead	_____
<input type="checkbox"/> Syringe Shield, Pro-Tec II, 3cc	_____
<input type="checkbox"/> Syringe Shield, Pro-Tec II, 5cc	_____
<input type="checkbox"/> Dual Sharps Shield	_____
<input type="checkbox"/> Red Containers, Case of 32	_____
<input type="checkbox"/> Waste Container, .125" Lead	_____
<input type="checkbox"/> Radiacwash, Spray Mist, 1L Bottle	_____
<input type="checkbox"/> Decontamination Kit	_____
<input type="checkbox"/> Sign, Caution, Radioactive Materials	_____
<input type="checkbox"/> Sign, Caution, Radiation Area	_____
<input type="checkbox"/> Sign, Caution, If You Are Pregnant	_____
<input type="checkbox"/> Absorbent Paper Sheets, 50.pkg	_____
<input type="checkbox"/> Forceps, Straight	_____
<input type="checkbox"/> Lead Bricks, Rectangular, 8" Long	_____
<b>OPTIONS</b>	
<input type="checkbox"/> Dose Calibrator Shielding Rings	_____
<input type="checkbox"/> Injection Stand	_____
<input type="checkbox"/> Thallium Injection Shield, 3cc	_____
<input type="checkbox"/> Thallium Injection Shield, 5cc	_____
<input type="checkbox"/> Cardiac Bar Phantom	_____
<input type="checkbox"/> Cardiac Flood Source	_____

NAME: \_\_\_\_\_ PH: \_\_\_\_\_

FACILITY \_\_\_\_\_ EMAIL: \_\_\_\_\_

FAX: \_\_\_\_\_ ANTICIPATED INSTALL DATE: \_\_\_\_\_



PLEASE SUBMIT TO:  
[info@technologyimaging.com](mailto:info@technologyimaging.com)  
 or fax to:  
 330.758.1617 Attn: Sales