

# TYPICAL PET 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"/> Biodex or Capintec Dose Calibrator	_____
	<input type="checkbox"/> Source, Cs-137, 200 mCi	_____
	<input type="checkbox"/> Source, Co-57 Simulated Tc-99m, 5 mCi	_____
	<input type="checkbox"/> Survey Meter with Pancake Probe	_____
	<input type="checkbox"/> Dosimeter, Personal Electronic, mR	_____
	<input type="checkbox"/> Cabinet, PET, Unit Dose, .25" lead	_____
	<input type="checkbox"/> L-Block Shield, 1.5" lead	_____
	<input type="checkbox"/> Syringe Carrier, Large, .25" lead	_____
	<input type="checkbox"/> Syringe Shield, Pro-Tec PET with lead glass window, 3 cc	_____
	<input type="checkbox"/> Syringe Shield, Pro-Tec PET with lead glass window, 5 cc	_____
	<input type="checkbox"/> Chair, Injection/Resting	_____
	<input type="checkbox"/> Sharps Container Shield, PET, 1" lead	_____
	<input type="checkbox"/> Sharps Container, 3.2 qt., 30/pkg fits 039-412	_____
	<input type="checkbox"/> Radiacwash, Spray Mist, 1 L 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	_____
OPTIONS	<input type="checkbox"/> Dose Calibrator Shielding Rings, Interlocking, 2.25" lead	_____
	<input type="checkbox"/> Lead Brick Cave, 3-wall, 2" lead	_____
	<input type="checkbox"/> Lead Brick Cave Cover	_____
	<input type="checkbox"/> Lead Brick, Rectangular, 8" long	_____
	<input type="checkbox"/> Waste Container, .125" lead	_____
	<input type="checkbox"/> Syringe Shield, Pro-Tec PET with lead glass window, 10 cc	_____
	<input type="checkbox"/> Syringe Shield, Z-PET, 5 cc	_____
	<input type="checkbox"/> Lineator	_____

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