

**THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
Phone (662) 915-5433 Fax (662) 915-5480**

BIO-SCAN REPORT FOR I-125/131

Name: _____	SSN: _____
Department: _____	Date: _____
Supervisor: _____	Phone #: _____
Efficiency of Probe: _____	BKG: _____

Action Level: 120 nCi/Scan

Gross Count, Right Lobe: _____	cpm.
Gross Count, Left Lobe: _____	cpm.
Gross Count, Average: _____	cpm.
Net Count, Average: _____	cpm.
Net DPM, Average: _____	dpm.
NET nCi, AVERAGE: _____	nCi.

Name of Operator _____ Operator Signature: _____

Action Required: _____

Approved: _____, RSO Date: _____