

DOSE CALIBRATOR LINEARITY TEST FORM

FACILITY: _____

Dose Calibrator Manufacturer and Model: _____

Dose Calibrator Serial Number: _____

Date of Test: _____

Start Time: _____

Completion Time: _____

TUBE COLOR

ASSAY ACTIVITY

Black only _____

Black and Red _____

Black and Orange _____

Black and Yellow _____

Black and Green _____

Black and Blue _____

Black and Purple _____

Black and Purple/Red _____

Black and Purple/Orange _____

Black and Purple/Yellow _____

Black and Purple/Green _____

Chief Technologist