



b
**UNIVERSITÄT
BERN**

Faculty of Medicine

Department for BioMedical Research

Amendment form personal dosimetry

Name:

First name:

Titel:

Date of birth:

Employer:

Research group:

Position:

Personnel number:

AHV-No.:

Type of dosimetry:

Entry date:

Leaving date:

Private address:

Postal code:

City:

Country:

RSO:

Place and date:

Signature RSO: