



## Responsibilities of Radiation Badge Representatives

To facilitate the distribution of dosimeters throughout Vanderbilt, groups that use radiation dosimeters are divided into badge series, or subaccounts, and each is managed by a Departmental Badge Representative. The responsibilities of a Badge Representative are outlined below.

### 1. Distribution and Collection of Badges:

- Review Landauer badge shipment contents upon receipt.
  - Store control dosimeters away from radiation and return with participant badges at end of wear period.
- Take inventory of personnel badges received in shipment. Prepare badges for distribution.
  - Inform OCRS Radiation Safety of any apparent discrepancies in the shipment and request any corrections that need to be made.
- Ensure that personnel badges for the upcoming wear period are distributed on, or as close to, the first day of the new period as possible.
- If you have any unused badges, leave them in the original cellophane wrapper and mark them “unused.”
- Return badges from the previous wear period to OCRS Radiation Safety by the 5<sup>th</sup> business day of the new wear period. Badges can be mailed or delivered to:

Office of Clinical and Research Safety  
Radiation Dosimetry  
A-0201 MCN  
Campus Zip code 2665

- Include the Landauer packing slip when returning badges to OCRS.
  - You may make badge change notes on the packing slip, however, it is preferable that any badge changes be submit a request to the OCRS REDCap Dosimetry Request System.
- OCRS Radiation Safety will ship all badges to the dosimetry vendor for processing.
- Late fees will be charged by OCRS for each badge returned late. This is in addition to the fee that the dosimetry vendor charges for unreturned badges.
  - If you expect to turn your badges in late, please notify OCRS Radiation Safety.

## 2. Updating Radiation Worker and Badge Series Information:

- Changes to badges and/or series account
  - Submit all changes including badge changes, deletions, and new requests to the OCRS REDCap Dosimetry Request System. (See Appendix.)
- Lost or damaged badge
  - Notify OCRS Radiation Safety immediately of a lost or damaged badge. A temporary badge will be provided to the rad worker to wear for the remainder of the period.

## 3. Managing the Local Dosimetry Program:

- Communicate any issues with the local badge series to the OCRS Radiation Dosimetry Manager. OCRS manages all Vanderbilt dosimetry account changes directly with the dosimetry vendor.
  - Badge Representatives and radiation workers should never communicate directly with the vendor. This single point-of-contact process avoids confusion, duplication of efforts and unauthorized expenses.
- Billing
  - The badge representative is responsible for ensuring that all dosimetry bills are paid in a timely fashion. Tardiness or failure to pay a bill could result in other penalties.
  - Notify OCRS Radiation Safety of any change in billing account information.
- Dosimetry Requests
  - OCRS has moved to a paperless REDCap Dosimetry Request System. The badge representative shall submit all request including new badge request, lost badge replacement, badge account name changes, badge account deletions, and participant dose report within the OCRS REDCap Dosimetry Request System.
- Online Account Management
  - Access to Landauer's online administrative tool, myLDR, can be provided to any Badge Representative upon request. With myLDR you can view dose reports and track shipments, among other things. To get access, contact OCRS Radiation Safety.
- Responsibilities of badged personnel
  - Please make an effort to educate all badge wearers on the [Responsibilities of Badged Radiation Workers](#). Further dosimetry questions should be forwarded to OCRS Radiation Safety.

## 4. Maintaining Radiation Dosimetry Reports:

- Make dosimetry reports available and accessible to radiation workers:
  - Post the reports in a common area (*only allowable if the reports contain no personal identifying information*), or
  - File them where they are accessible to workers.
  - Each department may establish criteria for storing dosimetry records. OCRS maintains lifetime records of all Vanderbilt radiation workers.
- Online access to dosimetry reports

- Individuals may access their dosimetry reports online. For access instructions, refer to the OCRS Radiation Safety website.
- Official copies of occupational radiation dose records may be requested from OCRS REDCap Dosimetry Request System.

**5. Alternate Badge Representative:**

- Arrange for an alternate Badge Representative who is able to fill the position in case of leave, or absence.
- Notify OCRS Radiation Safety of any change in Badge Representative or series account management.

## \*\* Appendix A: The REDCap Dosimetry Request System Guide \*\*

There are **SEVEN** types of requests on the REDCap application, their detail as follows:

### 1. New Registration (**Single Individual**) – Individual never has had a dosimeter at VUMC.

- This selection is for a new employee or a current employee who has never had a badge.
- It requires the same amount of information from the individual as the paper form. You should prepare the necessary information prior to logging into to the REDCap system.
- This request is for one individual application at a time.

#### Step By Step Guide:

### Dosimetry Request

Please complete the survey below.

Thank you!

#### OCRS Dosimetry Request

##### Instructions

Answer each question and provide necessary information.  
Where indicated, check the appropriate box.  
All information requested must be provided.  
An incomplete form will result in delays.  
If you have any questions, please email: [radsafety@vumc.org](mailto:radsafety@vumc.org)

#### Departmental Badge Series Code & Badge Representative Directory

Attachment: [Departmental Badge Series Code & Badge Representative Directory\\_Aug2024.pdf](#) (254.7 kB)

**Choose type of request:**  
\* must provide value

- New Registration (Single Individual) - Individual never has had a dosimeter at VUMC
- New Registration (Multiple Individuals) - Request first-time registration for 12 or more individuals at once
- Reactivate Previously Monitored Staff Member Account & Assign Temporary Badge
- Request replacement for lost or damaged badge
- Deactivate Existing Staff Member Badge
- Obtain Occupational Dose Report
- Other

reset

**Request Badge type:**  
\* must provide value

- One Time Only
- Permanent

Select "One Time Only" if the participant is a visitor who only needs one badge during the visiting period - example, visiting student, fellows or vendors.

**Submit**

Select a type of request.

\* must provide value ex. (800) 555-0175 ext.123

**Department**  
\* must provide value

**Request Badge type:**  
\* must provide value

**Badge Representative**  
\* must provide value

**Badge Representative Email**  
\* must provide value

**Badge Representative Job Title**  
\* must provide value

**Principal Investigator**  
\* must provide value

**Project Case Number**  
\* must provide value

**Radiation Worker Information**

**Radiation Worker Job Title**  
\* must provide value

**Will this individual be working at locations other than Vanderbilt?**  
\* must provide value

Yes  
 No

**Name**  
\* must provide value

Last Name, First Name, M.I.

**Date of Birth**  
\* must provide value

Today M-D-Y

• Once a request has been selected, a “Department” information dropdown list will populate.

• Access the “Departmental Badge Series Code & Badge Representative Directory” attachment for the OCRS list of badge series codes and badge representatives to determine the appropriate department.

### Departmental Badge Series Code & Badge Representative Directory

Attachment: [Departmental Badge Series Code & Badge Representative Directory. Aug2024.pdf](#) (254.7 kB)

Series Code	Department	Badge Rep	VU/VUMC
2WC	VWCH - Cardiology	Todd Nelson	VWCH
2WR	VWCH - Radiology	Todd Nelson	VWCH
2WS	VWCH - Surgery	Todd Nelson	VWCH
2WT	VWCH - Respiratory Therapy	Todd Nelson	VWCH
3SC	Vanderbilt Bedford Hospital - Shelbyville - Cardiology	Kristy Watkins	VBHS
3SD	Vanderbilt Bedford Hospital - Shelbyville - Radiology Diagnostic	Kristy Watkins	VBHS
3SR	Vanderbilt Bedford Hospital - Shelbyville - Respiratory Therapy	Kristy Watkins	VBHS
3SS	Vanderbilt Bedford Hospital - Shelbyville - Surgery	Kristy Watkins	VBHS
3TC	Vanderbilt Harton Hospital - Tullahoma - Cardiology	Jennifer Arnold	VHHT
3TR	Vanderbilt Harton Hospital - Tullahoma - Radiology	Jennifer Arnold	VHHT
3TS	Vanderbilt Harton Hospital - Tullahoma - Surgery, Ortho & Neuro	Jennifer Arnold	VHHT
4EO	4 EAST MOTHER BABY OBSTETRICS	Eva Montgomery-Lewis	VUMC
6A	PED HEM/ONC NURSES	Amal Mohammad	VUMC
6AP	PED HEM/ONC PROVIDERS	Amal Mohammad	VUMC
A10	ANESTHESIOLOGY-CRITICAL CARE	Erica S. Lurie	VUMC
A13	PIEDIATRIC CARDIAC ANESTHESIOLOGY (Attendings)	Cara Lyle	VUMC
A15	PIEDIATRIC ANESTHESIOLOGY (Teachs)	Marti Miltiken	VUMC
ADM	RADIOL ADMINISTRATION	Caleb Gash	VUMC
AH0	Vanderbilt Heart Failure/Transplant - GME PROGRAM	Sandra Atchley	VUMC
AHF	Vanderbilt Heart Failure Team	Sandra Atchley	VUMC
AN1	ANESTHESIOLOGY - ADULT MULTI-SPECIALTY	Sharon Seata	VUMC
AN2	ANESTHESIOLOGY	Lexi L. Davis	VUMC
AN3	ANESTHESIOLOGY (Educational Affairs Office)	Robin Snyder	VUMC
AN5	OB ANESTHESIA	Chilyere L. Stanton	VUMC
ANB	PIEDIATRIC ANESTHESIOLOGY	Cara Lyle	VUMC
ANC	CARDIOTHORACIC ANESTHESIOLOGY	Sonja Carter	VUMC
ANS	CARDIAC ANESTHESIOLOGY	Trine (Katrine) Link	VUMC
APR	MCJCHV ADVANCED PRACTICE PROVIDERS	Elizabeth N. Barbee	VUMC
ARA	VUMC Environmental Services Aramark Healthcare	Kevin Shelton	VUMC
ARD	ANESTHESIOLOGY-RESEARCH DIVISION	Eric Delpire	VUMC
ATP	VU ANTHROPOLOGY	Michelle Young	VU
AUH	TVC PERIOPERATIVE SERVS. ANESTHESIA TECH	Sherry Breeden	VUMC

Department Group:									
Radiology	VUIIS	Nuclear Medicine	Cardiac Cath	Anesthesiology	Surgery	GI Endo	IR Neuro	IR Pain Clinic	Main OR
ADM	CPG	HS	CC	A10	AH0	ENS	EVN	IPC	COR
C3	GIM	NM0	CRP	A13	AHF		NIR	ROF	OIP
C4	GO2	NM1	PCC	A15	CFP			SRH	OPR
CH1	GO3	NM2	PCI	AN1	CH				OR
CH2	GO5	NMR		AN2	CPF				OSD
CH4	G08	NSG		AN3	CPS				OTI
CT	G0R	PET		AN5	CSJ				OTI
CTN		RPM		AN8	CSF				WOR
DI1				ANC	CSR				
DI3				ANS	DS				
FA1				ARD	DSJ				
FA2				AUH	DT8				
FA3					GS				
FE0					GS0				
FE1					GS1				
FE2					GS2				
IVI					GS3				
IVT					GS4				
MTJ					GS5				
RR0					GS6				
RRP					GS8				
VOI					GSC				
					GSQ				
					GSS				
					ME2				
					NDR				
					NRS				
					PAU				
					VOS				

**Department Information**

**Department Phone**  
\* must provide value  
ex. (800) 555-0175 ext.123

**Department**  
\* must provide value  
Radiology

**Badge Series Code**  
\* must provide value

**Request Badge type:**  
\* must provide value

**Badge Representative**  
\* must provide value

**Badge Representative Email**  
\* must provide value

**Badge Representative Job Title**  
\* must provide value

**Principal Investigator**  
\* must provide value

**Project Case Number**  
\* must provide value

**Radiation Worker Information**

**Radiation Worker Job Title**  
\* must provide value

Will this individual be working at locations other than  Yes

ADM (RADIOL ADMINISTRATION)  
C3 (VCH PICC)  
C4 (VCH Radiology Recovery)  
CH1 (DIAGNOSTIC IMAGING-VCH)  
CH2 (DIAGNOSTIC IMAGING-VCH)  
CH4 (VCS&C Murfreesboro - Radiology)  
CT (CT)  
CTN (NUC MED STUDENTS - CT)  
D11 (DIAGNOSTIC RADIOLOGY- VUH 1st FLOOR)  
D13 (DIAGNOSTIC RADIOLOGY- VUH 3rd FLOOR)  
FA1 (RADIOLOGY FACULTY)  
FA2 (RADIOLOGY FACULTY)  
FA3 (RADIOLOGY FACULTY-VCH)  
FE0 (RADIOLOGY FELLOWS OTHER - GME PROGRAM)  
FE1 (RADIOLOGY FELLOWS OTHER)  
FE2 (RADIOLOGY MED FELLOWS)  
IV (IR NURSES/TECHS- VUH 1st FLOOR)  
IVT (IR NURSES/TECHS- VUH 3rd FLOOR)  
MTJ (V ORTHOPAEDICS-MT JULIET)  
RR0 (RADIOLOGY RESIDENTS - GME PROGRAM)  
RRP (RADIOLOGY RESIDENTS)  
VOI (V ORTHOPAEDIC INSTITUTE - RADIOLOGY)  
Other

- Once the department is selected, a “**Badge Series Code**” dropdown list will populate.
- Select the appropriate Badge Series Code

**New Registration (Single Individual) - Individual never has had a dosimeter at VUMC**

**Department Information**

**Department Phone**  
\* must provide value  
(615) 343-4892  
ex. (800) 555-0175 ext.123

**Department**  
\* must provide value  
OCRS

**Badge Series Code**  
\* must provide value  
EHS (Environmental Health & Safety)

**Request Badge type:**  
\* must provide value  
 One Time Only  
 Permanent

Select “One Time Only” if the participant is a visitor who only needs one badge during the visiting period - example, visiting student, fellows or vendors.

**Badge Representative**  
\* must provide value  
Ling Chung  
First Name, Last Name

**Badge Representative Email**  
\* must provide value  
ling.h.chung@vumc.org  
ex. ling.h.chung@vumc.org

**Badge Representative Job Title**  
\* must provide value  
Sr. Safety Officer

**Principal Investigator**  
\* must provide value  
N/A  
For Research Only. Type “N/A” if does not apply.

**Project Case Number**  
\* must provide value  
N/A  
For Research Only. Type “N/A” if does not apply.

- Enter Badge Representative information (i.e., Name, email, and title) in appropriate fields.
- There are two options for “**Request Badge type.**”
  - Select the “**One Time Only**” option for any visitor who needs a badge for a short period of time (e.g., visiting student, fellows, or vendors).
  - All other requests select the “**Permanent**” option.
- “**Principal Investigator**” & “**Project Case Number**” fields are only required for research project(s).

**Radiation Worker Information**

**Radiation Worker Job Title**  
\* must provide value  
Safety Officer

**Will this individual be working at locations other than Vanderbilt?**  
\* must provide value  
 Yes  
 No

**Name**  
\* must provide value  
Tara Wilkins  
Last Name, First Name, M.I.

**Date of Birth**  
\* must provide value  
01-01-2021 Today M-D-Y

**Sex**  
\* must provide value  
 Male  
 Female

**Last 4 of SSN**  
\* must provide value  
1234

**Dominant Hand**  
\* must provide value  
 Right  
 Left

**VUnetID**  
\* must provide value  
xxxxx  
ex. chungjh (combination of first and last name)

**VUMC Email Address**  
\* must provide value  
tara.wilkins@vumc.org  
ex. ling.h.chung@vumc.org

**Phone Number**  
\* must provide value  
(931) 472-5340  
ex. (800) 555-0175 [Cell Phone Number Preferred]

- Please enter the Radiation Worker (i.e., individual requiring radiation monitoring) information into the appropriate fields.
- Please ensure the “**Dominant Hand**” option is appropriately selected to allow radiation monitoring of the correct body part.

**Radiation Exposure Information**

Please provide the sources and locations of the radiation you will be exposed to while at VUMC

**X-Rays**  
\* must provide value

- Radiographic (mobile or stationary)
- C-Arm (mobile or stationary)
- CT
- Linear Accelerator
- Other
- N/A

Select all that apply

**Radioisotopes**  
\* must provide value

- P-32
- Cs-131
- I-125
- I-131
- I-123
- Tc-99m
- F-18
- Ga-68
- Cu-64
- Ra-223
- Ac-225
- Other
- N/A (Monitoring is not required for handling H-3, C-14, or S-35)

Select all that apply

**Location(s)**  
\* must provide value  
Main Campus and all offsites  
ex. radiology, chemistry, etc. (include building and room number)

- Under the “**Radiation Exposure Information**” section, most participants at VUMC are working with “**X-Rays.**” Prior to making selections, determine what type of type of X-Ray devices the participants are working with.
- For the participants who work with “**Radioisotopes**” (majority research related), determine what type of radioisotopes they are working with prior to make your selections.
- For “**Location,**” indicate **all** locations participants will be working with or exposed to ionizing radiation.


**Have you previously been monitored for occupational radiation exposure?**  Yes  No reset


\* must provide value

---

**Previous Occupational Exposure History Release Letter**


Please Download and complete the form below. The form can be saved to your device and then uploaded below once complete.

Attachment:  [updated-exposure-history-release.pdf](#) (243 kB)

**Previous Occupational Exposure History Release Letter - Upload**  Upload file

\* must provide value

**VANDERBILT UNIVERSITY MEDICAL CENTER**  
 OFFICE OF CLINICAL AND RESEARCH SAFETY  
 40201 MCN • 1161 21<sup>st</sup> Ave. S.  
 Nashville, TN • 37232-2665  
 Administrative Offices Fax: (615) 343-4951



INSTITUTION: \_\_\_\_\_  
 DEPARTMENT: \_\_\_\_\_  
 SUPERVISOR NAME, EMAIL & PHONE NUMBER: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

Attention: Radiation Safety Officer

Please accept this letter as an official request for the occupational radiation exposure history of the following individual:  
 Name: \_\_\_\_\_  
 Last 4 digits of Social Security Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Employment date to the listed institution above: \_\_\_\_\_

I hereby authorize that my radiation exposure history be released to Vanderbilt University Medical Center.  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This information is necessary to fulfill the requirements of Tennessee State Regulation 0400-20-05-.133.  
 Please mail the information to:  
 Office of Clinical and Research Safety  
 Radiation Dosimetry  
 A-0201 Medical Center North  
 1161 21st Avenue, South  
 Nashville, TN 37232-2665

Thank you for your assistance with this important safety requirement. Please do not hesitate to contact OCRS if you are in need of any further information.

Sincerely,

Office of Clinical Research and Safety  
 Vanderbilt University Medical Center  
 Office: (615) 322-2057  
 Fax: (615) 343-4951  
[radsafety@vumc.org](mailto:radsafety@vumc.org)

- If the new participant has been previously monitored for occupational radiation exposure by their former employer, please select “Yes,” and download the attachment “[updated-exposure-history-release.pdf](#).”
- Provide the form to the participant to complete.
- Once the form is completed by the participant, upload the **signed** “[updated-exposure-history-release.pdf](#)” form by selected “**Upload file**”.

**Before submitting this form, the Radiation Worker agrees to the responsibilities of badged radiation workers and VUMC radiation safety policies.**  Yes  No reset

\* must provide value

Information about our policies can be found on our website. <https://www.vumc.org/safety/rad>

**Submit**


- Once the online application is complete, please select “Yes.” Before submitting this form, confirm that the **Radiation Worker agrees to the responsibilities of badged radiation workers and VUMC radiation safety policies.** Select “**Submit**” to send the completed application to OCRS.

*By submitting a REDCap dosimetry request, you are attesting that the Radiation Worker agrees to the responsibilities of badged radiation workers and all VUMC radiation safety policies.*



**Your request has been submitted. Please allow 5 business days for our staff to respond to your request.**

Have a nice day!


 **Enter your email to receive confirmation message?**  
A confirmation email is supposed to be sent to all respondents that have completed the survey, but because your email address is not on file, the confirmation email cannot be sent automatically. If you wish to receive it, enter your email address below.

\* Your email address will not be associated with or stored with your survey responses.

- After clicking “Submit,” the completed request will be sent to OCRS for processing.
- OCRS will contact you once temporary badges are ready for pick up at the OCRS lockbox (Main Campus departments) or mailed out (Offsite departments).

**Your request has been submitted. Please allow 5 business days for our staff to respond to your request.**

Have a nice day!

 **Enter your email to receive confirmation message?**  
A confirmation email is supposed to be sent to all respondents that have completed the survey, but because your email address is not on file, the confirmation email cannot be sent automatically. If you wish to receive it, enter your email address below.

\* Your email address will not be associated with or stored with your survey responses.

- If you would like a confirmation message for your dosimetry request, please enter your VUMC email address in the empty field and select the “[Send confirmation email.](#)”

**2. New Registration (Multiple Individuals) – Request first-time registration for 12 or more individuals at once.**

- This selection is for new employees or current employees that have never had a badge at VUMC.
- It requires same amount of information per individual as the paper form. You should prepare the necessary information prior to logging into the REDCap system.
- If you submitted a request with less than 12 applications, the request will still be processed by OCRS, but the REDCap system will indicate it is an **incomplete request**. OCRS staff will request additional information from the REDCap user for all incomplete requests.

**3. Reactivate Previously Monitored Staff Member Account & Assign Temporary Badge.**

- This selection is for a previously monitored employee who works/worked for VUMC with a valid VUnetID and/or Landauer participant number under the main VUMC Dosimetry account # 111100.
- Please provide all required information of the individual listed within the REDCap system.

**4. Request replacement for lost / damage badge.**

- This selection is for if a currently monitored VUMC employee who has lost or misplaced their badge.
- Please provide all required information of the individual within the REDCap system.

**5. Deactivate Existing Staff Member Badge**

- This selection is for a currently monitored employee who no longer works for VUMC or no longer requires a badge.
- Please provide all required information of the individual within the REDCap system.

**6. Obtain Occupational Dose Report**

- This selection is to request occupational dose reports as needed by currently monitored VUMC employees.
- Please provide all required information of the individual within the REDCap system.

**7. Other**

- This selection is for special requests, which can include transfer of a currently assigned VUMC employee from one department series to another or a currently assigned VUMC employee needs to be added to multiple department badge accounts.
- OCRS may contact you for additional information.

**Disclaimer: If all information is not filled out correctly, the request will not be processed.**