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|  | | | | | | | 填表日期： | | |  | | |
| 申請者資訊（請確實填寫並勾選） | | | | | | | | | | | | |
| 公司 / 研究單位 | |  | | | | | | □ 院內 □ 院外 | | | | |
| 申請人 | |  | | | | | | | | | | |
| 統一編號 | |  | | | | | | | | | | |
| 聯絡人 | |  | | | | | | | | | 請留做實驗的人員 | |
| 聯絡電話 | |  | | | | | | | | | 請留做實驗的人員 | |
| 電子郵件 | |  | | | | | | | | | 請留做實驗的人員 | |
| 研究計畫 | | □否 | □是: | □院外計畫 | | □院內計畫 | | | 案號 | | |  |
| 注意事項：(請確實勾選) | | | | | | | | | | | | |
|  我已閱讀並願意遵守林口長庚紀念醫院質子暨放射治療中心「輻射管制區輻射安全注意事項」。 | | | | | | | | | | | | |
|  我已清楚申請研究用高能質子照射服務，實驗室僅提供質子束流，對照射樣品或設備測試結果完好與否，實驗室不負賠償責任。 | | | | | | | | | | | | |
|  我已清楚照射完樣品會活化，並願意遵守表面輻射劑量率低於背景值（0.1 ~0.2 μSv/h）才可帶出輻射管制區。 | | | | | | | | | | | | |
| Irradiated parameters | | | | | | | | | | | | |
| Sample | 🗆 Cell, cell type \_\_\_\_\_\_\_\_ | | | | 🗆 Animals, animal type\_\_\_\_\_\_ | | | | | | | |
| 🗆 Others, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please simple describe) | | | | | | | | | | | |
| Dose (Gy) |  | | | | | | | | | | | |
| Fractions |  | | | | | | | | | | | |
| Set-up | | | | | | | | | | | | |
| Please simple describe the aim of this experiment. | | | | | | | | | | | | |