

IBA Radcal Calibration Request Form

- **Product:** Sample - AGT **Serial:**00-1234

CoC Interval:Certificate of Conformance **Calibration Interval:** Certified Calibration

Problem(s) Experienced:Not applicable

Certified Calibration Points Desired

CUSTOMER SHIPPING INFORMATION

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Purchase Order: N/A
Preferred Shipping Company: example - FedEx
Shipping Method: example - ground or expedited
Shipping Account Number:example - ground or expedited

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SHIP TO:

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Ship to First Name: Alex
Ship to Last Name: IBA
Ship to Email: service-usa@iba-group.com
Ship to Phone: +1 786-288-0369
Ship to Company/Hospital:example - IBA Dosimetry
Ship to Address: 470 Springpark Dr
Ship to City: Herndon
Ship to State/Territory:VA
Ship to Country: United States
Ship to Zip/Postal Code: 02702

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BILL TO:

=====

Bill to First Name: Alex
Bill to Last Name: IBA
Bill to Email service-usa@iba-group.com
Bill to Phone: +1 786-288-0369
Bill to Company/Hospital: example - IBA Dosimetry
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