Application for Inclusion in the Joint AAPM/IROC Houston Registry of Photon-Emitting Brachytherapy Sources Complying with AAPM Dosimetric Prerequisites

To: Chair, Brachytherapy Subcommittee of the AAPM Therapy Physics Committee

From: __________________________________________________
(Manufacturer)

Technical contact and address:___________________________________________

The source identified below is believed by the manufacturer to meet the AAPM Prerequisites for dosimetry of brachytherapy sources. The prerequisites for low-energy sources are defined in: "Dosimetric prerequisites for routine clinical use of new low energy photon interstitial brachytherapy sources: Recommendations of the American Association of Physicists in Medicine Radiation Therapy Committee". Med. Phys., 25, 2269-2270 (1998). The prerequisites for high-energy sources are defined in: "Dosimetric prerequisites for routine clinical use of photon emitting brachytherapy sources with average energy higher than 50 keV," Med. Phys. 34, 37-40 (2007). Note that the recommendation regarding the calibration frequency of the vendor’s sources for in-house QA (recommendation number 6 in the reference for high-energy sources) has been extended by the AAPM High Energy Brachytherapy Source Dosimetry Working Group to 2 years for 192Ir, 137Cs, and 60Co sources. As the recommendations are intended to apply internationally, some of the agencies, organizations, and standard laboratories identified within the U.S. could be, at the discretion of the BTSC, interpreted in the context of the arrangements in other countries where applicable.

The manufacturer hereby requests that the source be included by the AAPM and IROC Houston on its web-based Registry of sources complying with the Prerequisites.

Source Name: ______________________________

Model Number: _______________________________

Manufactured by: ____________________________

Marketed by: ________________________________

Accredited Laboratory(s) providing initial reference calibration(s), and date of calibration(s):

________________________________________________

Dates of comparisons between accredited laboratory and vendor calibration procedures during the last 2 years:

________________________________________________

Do you provide your clients with air-kerma strength calibrations directly or indirectly traceable to the appropriate NIST standard?

________________________________________________

Please attach publications describing the dosimetric parameters of the source and provide citations.

Please describe your program of measurement quality assurance and calibration constancy. Indicate the laboratory(s) with which frequent comparisons will be made.