

HOSPITAL NAME  
DEPARTMENT NAME Medicine  
HEAD OF DEPARTMENT NAME  
ADDRESS

PHONE: +31-  
ALTERNATIVE NUMBER

Subject: Statement of Radioactivity  
date: Tuesday, 02 April 2013

To Whom It May Concern,

Mr .....,  
born date, place  
address: .....

has been treated at the HOSPITAL NAME, department of DEPARTMENT NAME with radioactive ISOTOPE NAME, with an activity at the time of treatment of about ACTIVITY. This isotope has a half-life of HALFLIFE days. The procedure was performed on DATE OF TREATMENT.

This letter is to certify that the radiation dose from the remaining radioactivity in the person named above is well within international dose limits and will in no case cause harm to either anybody sitting next to this person, or any other person or the environment.

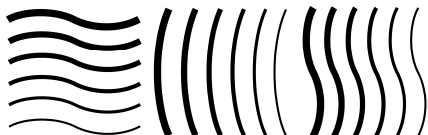
Despite this, some radiation may be detected by detection devices, for instance at airports

If you need more information feel free to contact us at one of the phone numbers given above.

Yours sincerely,

SIGNATURE

NAME AND OCCUPATION OF RADIATION SAFETY EXPERT



Netherlands Commission on Radiation Dosimetry  
Platform Stralingsbescherming in het Ziekenhuis  
<http://www.radiationdosimetry.org>  
March 2013