

Submission Date: _____

Project Prospectus



Project Information

* Facility Name _____

* Location _____

Anticipated Completion Date _____

* New Construction Upgrade Supplemental Shielding

Owner or Representative

Name _____

Phone _____ x _____

Email _____

Physicist

Name _____

Phone _____ x _____

Email _____

* Contact Information

Architect Engineer Contractor/CM Other _____

* Name _____

Address _____

* Phone _____ x _____

* Email _____

The information included here will allow us to provide you with detailed Veritas information specific to your project. Please complete as much of the prospectus as possible and return it to us via email or fax.

sales@veritas-medicalsolutions.com
888-242-6760

This form is also available online at:

www.veritas-medicalsolutions.com/media.html

Services Desired of Veritas

- General Product Information
- Sample Room Layouts
- Sample Construction Details
- Preliminary Physics Report
- Budget Estimate/Quotation
- Meeting with a Veritas Representative

In addition to modular shielding packages for specific equipment types, Veritas also offers pre-engineered modules for specific project elements. Check off the modules you would like more information on.

- Entry Doors Duct Shielding
- Accelerator Pit Foundations
- Facility Development Interior Finishes

* Required information to process request

veritas
Medical Solutions

Advancing modular technology to provide the best way of delivering treatment rooms

Anticipated Schedule

- * Start of construction _____
- Foundation installation _____
- Equipment delivery _____
- Start of treatment _____

* Room Type	* Number of Rooms	Varian Trilogy™	Varian Clinac®	Varian Silhouette™	Siemens Oncor™	Siemens Artiste™	Siemens Primus™	Elekta Precise™	Elekta Axesse™	Tomotherapy® Hi-Art®	Accuray® Cyberknife®	Other
Maximum Machine Energy												
<input type="checkbox"/> 25 MV Linac												
<input type="checkbox"/> 20 MV Linac												
<input type="checkbox"/> 18 MV Linac												
<input type="checkbox"/> 15 MV Linac												
<input type="checkbox"/> 10 MV Linac												
<input type="checkbox"/> 6 MV Linac												
<input type="checkbox"/> 4 MV Linac												
Cobalt Treatment Rooms												
<input type="checkbox"/> Gamma Knife		Curies										
<input type="checkbox"/> Cobalt 60®												
Brachytherapy Rooms												
<input type="checkbox"/> HDR Iridium 192		<input type="checkbox"/> Dedicated <input type="checkbox"/> Intraoperative <input type="checkbox"/> Dual Purpose (ex. CT/SIM & HDR)										
<input type="checkbox"/> HDR Cesium 137												
Specialty Rooms												
<input type="checkbox"/> Orthovoltage												
<input type="checkbox"/> PET												
<input type="checkbox"/> Cyclotron												
Particle Therapy - Fixed Beam												
<input type="checkbox"/> Carbon Ion		IBA	Optivus	ProCure	Siemens	Still River	Hitachi	Varian	Other			
<input type="checkbox"/> Proton												
Particle Therapy - Gantry Room												
<input type="checkbox"/> Carbon Ion												
<input type="checkbox"/> Proton												
<input type="checkbox"/> Other _____												

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*** Patients per Day** Room 1 Room 2 Room 3 Room 4

Patients per day/per room _____ _____ _____ _____

*** Treatment Modality**

Please indicate the number of estimated treatments per day for the appropriate treatment modalities

	HE	LE	HE	LE	HE	LE	HE	LE
<input type="checkbox"/> Conventional -								
<input type="checkbox"/> TBI -								
<input type="checkbox"/> IMRT -								
<input type="checkbox"/> Radiosurgery -								

*** Regulatory Design Requirement -** What regulations are you designing to?

- NCRP 151
- ICRP 60
- IPEM
- Other _____

If designing to specific dose requirements, please list requirements for both controlled and public occupancies.

Public:

Controlled:

Example: < 1 mSv/year (public); between 6 and 20 mSv/year (controlled)

If a formal physics report is available, please forward a copy with this Prospectus or email to Physics@Veritas-MedicalSolutions.com.

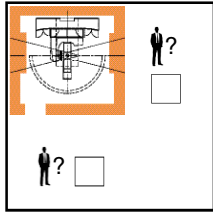
* Required information to process request



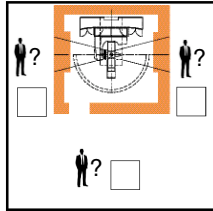
*** Room Location**

Indicate the position of the room within the structure and where any occupied space will be located.

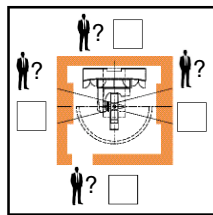
- 2 Interior Walls
2 Exterior Walls



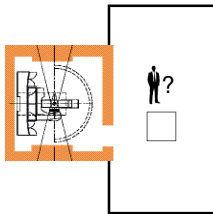
- 3 Interior Walls
1 Exterior Wall



- 4 Interior Walls



- 1 Interior Wall
3 Exterior Walls

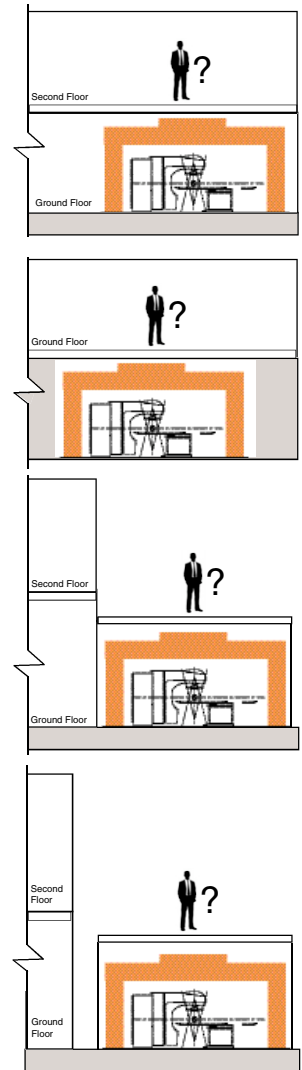


- On Ground Floor
 - In Existing Bldg.
 - In New Bldg.
 Occupied Above Y / N

- Below Ground
 - In Existing Bldg.
 - In New Bldg.
 Occupied Above Y / N

- Attached to
 - Existing Bldg.
 - New Bldg.
 Multi-Story Y / N
 # of Floors _____
 Occupied Above Y / N

- Detached structure
 - Near Existing Bldg.
 - New Bldg.
 Proximity to bldg. _____
 Multi-Story Y / N
 # of Floors _____
 Occupied Above Y / N

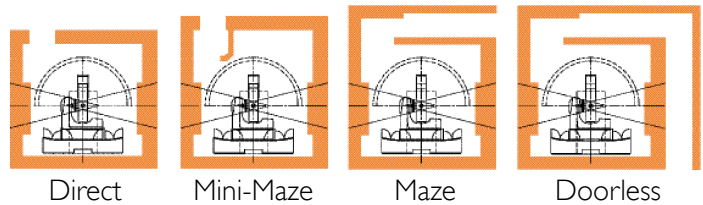


The more information you can provide us, the more detailed and specific our data will be for your project. If available, it is extremely helpful if you can supply specific details such as:

- Floorplans of the proposed room(s) and adjacent space
- Section views
- Plan views of area above/below
- Plans showing access to jobsite
- Use and occupancy of surrounding areas

Entry Type

- Direct
- Mini-Maze
- Maze
- Doorless
- Undetermined



5 Great Valley Parkway, Suite 210, Malvern, PA 19355
888-242-6760

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