

**NEW YORK STATE DEPARTMENT OF HEALTH**

Division of Environmental Health Investigation

**Radon Detector Order Form**Please type or print using **black** or **blue** ink

Please return the completed Radon Detector Order Form to:

NEW YORK STATE DEPARTMENT OF HEALTH  
Bureau of Environmental Radiation Protection  
Corning Tower - Empire State Plaza  
12th Floor - Room 1218  
Albany, NY 12237  
(518) 402-7556

**For Office Use Only****NYSDOH ID Number****Special Study Code**

1. Name

First:

Last:

MI:

2. Mail Detector(s) to the following address

Street:

City:

State:

Zip:

3. Detector(s) will be used at the following address (Please supply if different than mailing address)

Street:

City:

State:

Zip:

4. County

Town or Village

5. Telephone Number

Day ( )

Evening ( )

Best time to call

6. Have you used radon detectors in this home in the past?

☐  
☐Yes  
NoIf yes, did you get your test kit through the  
New York State Department of Health?☐  
☐Yes  
No

7. I certify that I am not a dealer of radon measuring detectors and that none of the radon detectors sent to me by the New York State Department of Health will be resold. I agree that the device is intended for the purpose of measuring radon levels in my home, daycare or

Signature

Date

8. The New York State Department of Health, Bureau of Environmental Radiation Protection will use the information in this order form and the results of the radon test for state-wide public health investigations of radon. Your name, address and telephone number will be held confidential by the Department of Health and will not be released without your prior written permission.

9. From time-to-time, this data may be used as part of research into the effects of radon in the home. If you are interested in being contacted to participate in a research project, please check the 'Yes' box below. If you choose 'Yes', the Health Department may contact you on behalf of persons recruiting research participants. Your name and address will not be released to them without your further permission. Checking 'Yes' does not automatically enroll you in a research project, or authorize release of your personal information and test results.

☐  
☐

Yes, the Health Department may contact me for research purposes.

No, I am not interested in participating in research.

**Number of Detectors Ordered\***

\_\_\_\_\_ Short term radon detectors at \$8.50 each = \$ \_\_\_\_\_

\*Please note that one short-term radon detector is sufficient to measure radon concentrations for 2,000 square feet by floor.

Make check or money order payable to the New York State Department of Health. **Do Not Send Cash.****For Office Use Only****Detector Number(s)**