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Rabex 2019

Radiation & Cancer Biology Practice Examination

for Residents in Radiation Oncology

Editor-in-Chief: Marcelo Vazquez, MD, PhD  
Radiation Medicine Department, Loma Linda University

The 2019 annual practice examination in *Radiation and Cancer Biology* has been created specifically to help residents in radiation oncology in preparation for their board exam. The exam consists of 200 questions in I. Interaction of radiation with matter; II. Molecular and cellular damage and repair; III. Cellular response to radiation, IV. Linear energy transfer and oxygen effect, & Etc. It comprises of pertinent subject categories based on the 2019 ABR guidelines. Please visit the Rabex website for more detail on Table of Contents, at [www.Rabex.net](http://www.Rabex.net). The exam is based on new ABR Guidelines. For additional inquiry email: [Info@Rabex.net](mailto:Info@Rabex.net).

The total allowed exam time is 200 min.

The exam opens on **June 1, 2019 - open ended**.

*The institution should schedule the exam as suits their residents schedule.*

The exam based on New 2019 ABR guidelines are outlined in [www.Rabex.net](http://www.Rabex.net)

Please submit your registration form via email with required information to [info@Rabex.net](mailto:info@Rabex.net) while processing your payment. You also can sign up directly each individual resident online by creating a user name and password. RABEX will authorize the participants. The Login User Name and Password will be e-mailed to individual registrant automatically. The exam will be given only on-line. Please read the Form Submission Instruction, here:

To email the Form, download the Rabex 2019 Fillable form and email to: [info@Rabex.net](mailto:info@Rabex.net)

**Features:** 1) Real time scoring, 2) email score to program director, 3) Review the Questions & Answers using the same the same user ID & password, 4) Review the Questions & Answers right after the exam is finished, 5) Break down of Score by subject categories, & 6) Ranking Percentil.

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**Required information: (This information is essential for enrollment)**

**Residency Program Director:** Name: \_\_\_\_\_ e-mail: \_\_\_\_\_ P: \_\_\_\_\_

**Radiation Biologist / Instructor:** Name: \_\_\_\_\_ e-mail: \_\_\_\_\_ P: \_\_\_\_\_

**Residency Program Coordinator:** Name: \_\_\_\_\_ e-mail: \_\_\_\_\_ P: \_\_\_\_\_

**Department Chairman:** Name: \_\_\_\_\_ e-mail: \_\_\_\_\_ P: \_\_\_\_\_

**Please provide each Resident's name, e-mail, & year in Residency:**

Name: _____	e-mail: _____	Year : _____
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Name: _____	e-mail: _____	Year : _____
Name: _____	e-mail: _____	Year : _____
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Name: _____	e-mail: _____	Year : _____
Name: _____	e-mail: _____	Year : _____
Name: _____	e-mail: _____	Year : _____
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