

Radioactive Material Order Information

Please fill in the following information of your radioactive material order. Submit completed form to the Radiation Safety Officer.

Name of Requestor*			
Research Group			
RUA#			
Vendor			
Date of Order			
Shopping Cart #			
Purchase Order#			
RLCL Safety Specialist		Signature	

*Name of the research group representative who request the RM

RM Order Details

Item	Isotope	Activity Ordered (μCi)	Volume (ml)	Chemical Form	# of stock vials	Catalog No.	Dry Ice required? (Yes/No)	Notes
1								
2								
3								
4								
5								

Radiation Safety Officer	Date	Signature