

## Radioisotope Order Request

Forward to EHS Radiation Safety

Date \_\_\_\_\_

Radioisotope requested (please check)

☐ 3H ☐ 14C ☐ 35S ☐ 33P ☐ 32P ☐ 125I ☐ Other (specify) \_\_\_\_\_Quantity requested (mCi or  $\mu$ Ci) \_\_\_\_\_ Current Inventory \_\_\_\_\_

Chemical form of radioisotope \_\_\_\_\_

Vendor &amp; Vendor Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Authorized User requesting radioisotope (printed left; signature right)

\_\_\_\_\_

Authorized User ID# (see approved AU application) \_\_\_\_\_

Protocol ID# (see approved Protocol application) \_\_\_\_\_

----- EHS use only -----

☐ **Approved**☐ **Not Approved** (include reason)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

REF # \_\_\_\_\_

☐ **Packing slip verified on file in lab after package received**