Radioisotope Order Request
Forward to Department of EHS

Date ________________

Radioisotope requested (please circle)

3H 14C 35S 33P 32P 125I Other (specify) ________________

Quantity requested (mCi or µCi) __________ Current Inventory __________

Chemical form of radioisotope _______________________________________

Vendor & Vendor Address ____________________________________________

_______________________________________________________________

Authorized User requesting radioisotope (printed left; signature right)

_______________________________________________________________

Authorized User ID# (see approved AU application) __________

Protocol ID# (see approved Protocol application) __________

-------------------------------------------------- Department of EHS -----------------------------------------------

☐ Approved  ☐ Not Approved (include reason)

Signed: ____________________  Date: __________________

Updated December 2016