

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 μ Ci) _____ 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) _____

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

Approved

Not Approved (include reason)

Signed: _____ Date: _____

REF # _____