

UNIVERSITY OF VERMONT
 Radiation Safety Office
 004 Rowell Building
 Tel: 656-2570
<http://www.uvm.edu/radsafe>



REQ #: _____

Confirmation #: _____

Version: 120109

REQUEST TO ORDER RADIOACTIVE MATERIAL

Return this form to the RSO or FAX to 656-8876 by 3:00 pm for same day ordering.

Date: _____

Name: _____ Authorized PI: _____

Vendor: _____ Date item(s) needed by: _____

Your Phone number: _____ Your FAX number: _____

Name on Purcard: (please print) _____

MC#: _____ Exp. Date: _____

Qty.	Item Description (<i>catalog #, isotope, activity, chem. form</i>)	Price \$\$

RSO USE ONLY

Rec'd on: ____ / ____ / ____	User: _____
Package Label: EX I II TI: _____	Nuclide: _____
External Rad. Level Surface: _____ mR/hr	Chem. Form: _____
@ 1 meter: _____ mR/hr	Calib. Date: _____
Background wipe _____ cpm	Lot#: _____
Outside package _____ dpm	Unit: Vial Kit
RAM container _____ dpm	Activity: _____ mCi Volume: _____ ml
Significant contamination: (> 220 dpm) YES NO	Quantity: _____