**University of Vermont**
Radiation Safety Office
004 Rowell Building
Tel: 656-2570
http://www.uvm.edu/~radsafe

REQ #: _____

Confirmation #: _____

*version:031303*

# 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** ***(catalog #, isotope, activity, chem. form)*** | **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

Significant contamination: (> 220 dpm) Quantity: _____
YES NO