

Order Form for Radioactive Materials

All requests for the receipt of radioactive material must be processed with this form. Complete and return to the Radiation Safety (RS) office, 313 Mellon Institute.

Request Date: _____

Delivery Date: _____

Requestor Information: _____

Vendor Information: _____

Requestor: _____

Vendor: _____

Laboratory Location: _____

Address: _____

Laboratory Phone Number: _____

Email: _____

Phone Number: _____

Quantity	Catalog Number	Descriptive Name	Isotope	Unit Quantity (mCi)	Unit Price (\$)	Total Price (\$)

Payment Information

Method of Payment:

Purchase Order

Credit Card

PO Number: _____
(Please Attach PO)

Credit Card Number: _____

Credit Card Expiration Date: _____

Name as it appears on the credit card: _____

Principal Investigator Information

Principal Investigator: _____ Radionuclide Authorization (RA) Number: _____

Signature

Date