

**University of Missouri-Columbia**  
**Radioactive Materials Pick Up Request Form**

MU Environmental Health and Safety  
 Fax : 884-5270

Date of Request \_\_\_\_\_ Authorized User \_\_\_\_\_ Authorized User Number \_\_\_\_\_ Registered User Number \_\_\_\_\_

Person Requesting Pick Up \_\_\_\_\_ Telephone \_\_\_\_\_ Building \_\_\_\_\_ Room \_\_\_\_\_ Other \_\_\_\_\_

Each physical form must be in separate containers – DO NOT MIX

Physical Form Abbreviations: **A** = animal (in kg)    **G** = gas (in ft<sup>3</sup>)    **L** = liquid (in gal)    **S** = solid (in ft<sup>3</sup>)    **STO** = stock (in gal)    **V** = vials (in gal)    **NOTE:** Please \*\* any chelating agents that are greater than 0.1% weight

RS PU #	Authorized User: Complete these columns only					Act (MBq)	Cont. ID #	Destination			HWD	ROUTING
	Qty	Physical Form & Unit (check one)	Type of Material (Components & Concentrations)	Isotope	Activity (mCi)			R R C	R W B	S F	Acq. Date	Document #
		<input type="checkbox"/> A (kg) <input type="checkbox"/> S (ft <sup>3</sup> ) <input type="checkbox"/> G (ft <sup>3</sup> ) <input type="checkbox"/> STO (gal) <input type="checkbox"/> L (gal) <input type="checkbox"/> V (gal)										
		<input type="checkbox"/> A (kg) <input type="checkbox"/> S (ft <sup>3</sup> ) <input type="checkbox"/> G (ft <sup>3</sup> ) <input type="checkbox"/> STO (gal) <input type="checkbox"/> L (gal) <input type="checkbox"/> V (gal)										
		<input type="checkbox"/> A (kg) <input type="checkbox"/> S (ft <sup>3</sup> ) <input type="checkbox"/> G (ft <sup>3</sup> ) <input type="checkbox"/> STO (gal) <input type="checkbox"/> L (gal) <input type="checkbox"/> V (gal)										
		<input type="checkbox"/> A (kg) <input type="checkbox"/> S (ft <sup>3</sup> ) <input type="checkbox"/> G (ft <sup>3</sup> ) <input type="checkbox"/> STO (gal) <input type="checkbox"/> L (gal) <input type="checkbox"/> V (gal)										
		<input type="checkbox"/> A (kg) <input type="checkbox"/> S (ft <sup>3</sup> ) <input type="checkbox"/> G (ft <sup>3</sup> ) <input type="checkbox"/> STO (gal) <input type="checkbox"/> L (gal) <input type="checkbox"/> V (gal)										
		<input type="checkbox"/> A (kg) <input type="checkbox"/> S (ft <sup>3</sup> ) <input type="checkbox"/> G (ft <sup>3</sup> ) <input type="checkbox"/> STO (gal) <input type="checkbox"/> L (gal) <input type="checkbox"/> V (gal)										
		<input type="checkbox"/> A (kg) <input type="checkbox"/> S (ft <sup>3</sup> ) <input type="checkbox"/> G (ft <sup>3</sup> ) <input type="checkbox"/> STO (gal) <input type="checkbox"/> L (gal) <input type="checkbox"/> V (gal)										

I hereby certify that the above information is correct and that the activities have been decayed to the date of the Pick Up Request.

\_\_\_\_\_  
 Authorized User or Designated Representative

\_\_\_\_\_  
 Date