

Notification of Radioactive Material Order

Environmental Health & Safety Fax No.: 882=7940

(Type or Print Clearly)

Date Ordered: ____ / ____ / ____ (Please fax to MU EHS the same day the order is placed to assure prompt delivery)

Authorized User Name: _____ Auth. No.: _____
(Please print)

Vendor: _____
(Please print)

Date Scheduled for Delivery: ____ / ____ / ____ Job/ Order No.: _____
(Please use separate notification form for different delivery dates)

Delivery Location -- Building: _____ Room: _____
(Please note that delivery location must be an approved area under the Authorization)

Isotope(s) Ordered (For each chemical form)	Physical and Chemical Form	Activity Ordered (mCi) (For each chemical form)
1.		
2.		
3.		
4.		
5.		

(Please note that delivery will be delayed if order amount plus current possession exceeds authorization limit)

Contact Person: _____ Telephone No.: _____
(Please print)