University of Missouri-Columbia
Radioactive Materials Pick Up Request Form

MU Environmental Health and Safety
Fax : 882=7940

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^3) **L** = liquid (in gal) **S** = solid (in ft^3) **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
								R R C	R W B	S F	Acq. Date	Document #
	Qty	Physical Form & Unit (check one)	Type of Material (Components & Concentrations)	Isotope	Activity (mCi)							
		☐ A (kg) ☐ S (ft^3) ☐ G (ft^3) ☐ STO (gal) ☐ L (gal) ☐ V (gal)										
		☐ A (kg) ☐ S (ft^3) ☐ G (ft^3) ☐ STO (gal) ☐ L (gal) ☐ V (gal)										
		☐ A (kg) ☐ S (ft^3) ☐ G (ft^3) ☐ STO (gal) ☐ L (gal) ☐ V (gal)										
		☐ A (kg) ☐ S (ft^3) ☐ G (ft^3) ☐ STO (gal) ☐ L (gal) ☐ V (gal)										
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		☐ A (kg) ☐ S (ft^3) ☐ G (ft^3) ☐ STO (gal) ☐ L (gal) ☐ 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