

REQUEST FOR ACQUISITION OF RADIOACTIVE MATERIAL

Date: _____ Principal User: _____

Department: _____ Campus Phone: _____ Email: _____

Radioisotope (type, max. amount, and chemical form): _____

Vendor/Catalog # of radioisotope _____

Expected Period of Use: _____

Who are the expected authorized and individual users whom you expect to be working with this reagent? _____

Your signature below indicates that you have read, understood, and agreed to the following:

- I will comply with all policies, rules, and regulations as outlined in the A-STATE Radiation Safety Manual, the A-STATE Radioactive Materials License, and the "Rules and Regulations for Control of Sources of Ionizing Radiation" of the state of Arkansas.
- I assume all the responsibilities of Principal user as outlined in the A-STATE Radiation Safety Manual.
- I will maintain all necessary records to document use, and disposal of radioactive materials.
- All radioactive materials sent or brought to campus must be shipped directly to the RSO and not to Central Receiving to check for contamination and for addition to the inventory.
- The RSO will inspect and swipe test my facility monthly.
- I and my project are responsible for the cost of all cleanup/disposal/testing required/recommended by the RSO or by state or federal authorities.

Principle User Signature

Date

RSO Signature

Date

BILLING INFORMATION:

Please bill this radioisotope order to the following:		
GRANT #	COST ALLOCATION (%)	GRANT PI(s)

FORWARD INVOICE FOR PAYMENT OF BILL TO: