

**Radioisotope Order Request**  
Forward to EHS Radiation Safety

Date \_\_\_\_\_

Radioisotope requested (please check)

3H  14C  35S  33P  32P  125I  Other (specify) \_\_\_\_\_

Quantity requested (mCi or  $\mu$ Ci) \_\_\_\_\_ Current Inventory \_\_\_\_\_

Chemical form of radioisotope \_\_\_\_\_

Vendor & Vendor Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorized User requesting radioisotope (printed left; signature right)

\_\_\_\_\_

Authorized User ID# (see approved AU application) \_\_\_\_\_

Protocol ID# (see approved Protocol application) \_\_\_\_\_

----- EHS use only -----

**Approved**

**Not Approved** (include reason)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**REF #** \_\_\_\_\_