RAS FORM 3

APPLICATION FOR THE PURCHASE OF RADIOACTIVE MATERIALS

(This form must accompany all requisitions for radioactive materials purchase)

1. Requisition number:______________________________________________

2. Department:____________________________________________________

3. Isotope being purchased:_________________________________________

4. Total amounts of this isotope currently in the possession of the Authorized User:
   Stock solutions:___________ mCi           Waste:___________ mCi

5. Authorized Possession limit for isotope:_________ mCi

6. Vendor:________________________________________________________

The applicant certifies that all information contained herein is true and correct to the best of his or her knowledge.

Signatures:

Date: ___________________________    Applicant:______________________________

Date: ___________________________    Authorized User:__________________________

Date: ___________________________    Radiation Safety Officer:___________________