Radionuclide Order Form

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Requested By |       | Authorized User |       |
| Phone number |       |  | (Print) |
| Date of Request |       |  | Date material required: |       |
|  |
| **Material Information** |
|  |
| How is the material to be used: |       |
|  |
| Material is to be: | **used** in room |       | **stored** in room |       |
|  |
| Credit Card Information |
|  Type: |  | Number  |       | 3-Digit Code |        |
|   Name on the Card:  |       | Expiration Date |       |
|  |
| **Vendor / Order Information** |
| Vendor: |       | Telephone: |       |
|  |
| Address: |       | FAX : |  |
|  |       | Cust # |       |
|  |       | Quote # |       |
|  |
| Unit Cat. No. | Name of Item | Isotope | Activity(mCi) | Volume (ml) | Unit Price | Qty | Total Price |
|       |       |  |       |       | $      |       | $      |
|       |       |  |       |       | $      |       | $      |
|       |       |  |       |       | $      |       | $      |
|       |       |  |       |       | $      |       | $      |
|       |       |  |       |       | $      |       | $      |
|  |  |  |  | S&H | $      |  | $      |
|  |  |  |  |  |  |  | $      |
| Authorized User's signature |  | Date |  |
| **Order Approval** |
|  |
| Review Check List |  |  |  |
|  |  | AU is authorized for the type, quantity, and use. |
|  |  | The quantity requested will not exceed or cause to exceed the User's inventory |
|  |  | The quantity requested will not exceed or cause to exceed the Campus' inventory |
|  |  | The form is complete and valid |
|  |
| Approved and Ordered by: |  | Order Contact: |  |
|  |
| Date Ordered: |  |  | Expected Delivery date: |  |
|  |  |  |  |  |