

Request for Approval to Purchase Radioactive Materials

Date: _____

To: **Paula D. Sweitzer**
Radiation Safety Officer
Room B8 Mellon Hall

From: _____
Authorized User Name **Phone Number**

_____ **Contact Name** **Phone Number** **Lab Number**

_____ **Date Needed**

Element	Mass Number	Quantity of Radioactivity (μCi) **	Physical Form	Chemical Form	Model No. or Catalog No.	Supplier

FOR USE BY RADIATION SAFETY OFFICER:

APPROVED*: Yes No

Inventory Control Number: _____

Date Received: _____

Date Entered on Inventory: _____

_____ **Radiation Safety Officer** _____ **Date**

*Reason for Disapproval: _____

**The following limitation on current radioisotope activities must apply, per lab:

Radionuclide	Allowable Activity per Lab
P-32	1 mCi
I-125	250 μCi
S-35	1 mCi
H-3	10 mCi
C-14	1 mCi