

Radioactive Material Order Form

Auxiliary Enterprises



Medical Center Stores

Radioactive Material Order Form

Date: _____

Company: _____

Catalog: _____

Isotope: _____

Amount: _____ Cost: _____

Do you need a special lot# or specific activity? _____

Permit holder: _____

Ordered by: _____

Phone: _____

Acct. Name: _____

Acct. #: _____

Dept: _____ Bldg: _____

Day/Date Needed: _____ Date Ordered: _____ Arrival Date: _____

RSO Approval _____

All Information Must be filled in at the time the order is taken

Medical Stores phone: 504-568-8334