

# St. Lawrence University

## Radiation Safety Program

### ISOTOPE PROCUREMENT FORM

---

This section is to be filled out by the PI and submitted to the RSO along with the appropriate departmental requisition.

NAME:  DEPT:  DATE:

APPROVED PROTOCOL #:  FOR USE *IN VIVO* ?

VENDOR	
ISOTOPE	
CHEMICAL FORM	
AMOUNT	mCi
SPECIFIC ACTIVITY	
CONCENTRATION	
FACTORY VOLUME	ml

---

This section to be completed by the RSO.

SOURCE REFERENCE #	
P.O. NUMBER	
LOT NUMBER	
ASSAY DATE	
CONTAMINATES	

This form will be given to the licensed user along with the packing slip, use/disposal, site survey, and shipment receipt forms. ALL of these must be returned to the RSO when the use of the isotope source is completed.