

RADIOACTIVE MATERIALS ORDER FORM

**Fax this form to the Regulated Materials Management Center at 6-3699.
No purchase order necessary.**

Note: To facilitate next-day delivery of orders, this form must be received by the RMMC by 11 a.m.

Date _____ **Department** _____

Principal User (permit holder name, please print) _____

❖ I, the Principal User, confirm that this radioisotope will be used by persons authorized under my permit and that I am accountable for its acquisition, safe handling, and disposal.

Principal user signature _____

End User _____ **End User email** _____

Form Completed by (if different from end user) _____

Delivery Address Building/Room number _____ **Phone Number** _____

PLEASE BE SURE THAT CATALOG NUMBERS ARE COMPLETE AND CORRECT

Vendor	Quantity	Catalog no.	Description (include isotope and activity)	Cost (estimated)
Special Instructions:				

FOR RMMC USE ONLY

ORDER NO _____ PO _____
Ordered by _____ (RMMC Staff) _____ Date _____
Order taken by _____
Confirmation no. _____
Approved by _____
Shipping/Delivery Dates _____