APPENDIX C

UNIVERSITY OF KENTUCKY
RADIATION SAFETY OFFICE

RADIOISOTOPE ORDER FORM

DATE _____ **SHIPCODE NUMBER** _____

Preferred Supplier _____ Department _____

Catalog Number _____ Authorized User _____

Quantity in mCi _____ Person Making Request _____

Element and Isotope _____ Phone Number _____

Chemical Form _____ Delivery Location _____

Assay Date _____ Amount in Possession _____

Lot number _____ Account Number _____

Other Specifications _____ Cost _____

_____ Signed By _____

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1. **Condition of Package**: _____OK _____ Punctured _____ Crushed _____Wet _____Other

2. **Transport Index** (as read on package label) _____mrem/hr Measured dose _____mem/hr @ 1 meter

   Measured dose _____ mRem/hr @surface of package Meter SN _____ Bkg. _____ mrem/hr

3. **Confirm Packing Slip/ Vial Content/ Package Label Agreement above.** _____ Yes _____ No

4. **Wipe Results (DOT labeled packages):**

LSC Results:

Outer	Inner	dpm / cm^2

If "NO" explain why:

_____

_____

RHT (initials) _____

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Date Order Placed _____ **Date Received** _____

By _____ **Supplier** _____ **Via** _____

P.O. Number _____ **Invoice Number** _____

Received by: _____