APPENDIX 4 - FORM RC-2: APPLICATION FOR RADIONUCLIDE PROCUREMENT

TO: RADIATION SAFETY OFFICER

1. Material Requested: ____________________________
   ISOTOPE: ___________________ ACTIVITY (MILLI CI): ____________
   Supplier: ___________________ Product No.: _______________
   Date needed: ______________

2. Name of Principal Investigator: ____________________

3. Department: ________________________________________

4. Telephone: _______________ Fax: ___________ Email: ____________

5. Emergency Contact number: ___________________________

6. Location of use: _______________________

7. Purpose:
   - ○ Continuation of current study
   - ○ New study (attach a detailed description of project)

8. Requisition # __________________

9. Have P.I. and users received Radiation Safety Training? ○ YES ○ NO
   If Yes, When and Where: _______________________________
   Is their training current? ○ YES ○ NO
   If No, Have arrangements been made to complete training before start of use?
   Scheduled training date: _________________________

__________________________  ______________________
Signature of Principal Investigator   Date

__________________________  ______________________
Approved By: _______________ Date: ________________

RSO or Authorized Representative

Date Material Received: _______________________

Page 1 of 1