

NATIONAL INSTITUTES OF HEALTH

REQUEST FOR PURCHASE AND USE OF RADIOACTIVE MATERIALS

INSTRUCTIONS: This document **MUST** be submitted to Building 21 for EACH INDIVIDUAL PACKAGE of radioactive material ordered, regardless of the method of procurement. "No cost" shipments of materials to you must also be documented using this form.

All items **MUST BE COMPLETED.**

PRINT CLEARLY or TYPE the requested information in the areas below.

COL 82-87

TYPED OR PRINTED NAME OF AUTHORIZED USER

COL 1-6
AUTHORIZED USER NUMBER

COL 7-17
COMPLETE TCO, RECORD OF CALL OR PURCHASE ORDER NO. COST

COL 18-23
RECEIPT DATE (RADIATION SAFETY BRANCH)

COL 24-43
CHEMICAL COMPOUND OR OTHER ITEM DESCRIPTION

COL 44-53
SUPPLIER'S CATALOG NUMBER

COL 54-55
SYMBOL

COL 56-58
MASS NUMBER

COL 59-66
ACTIVITY IN MICROCURIES

COL 67-68
NAME OF SUPPLIER

COL 71

THIS NUCLIDE TO BE USED:

1 IN VITRO
 2 IN ANIMALS
 3 IN HUMANS

SPACE NEEDED IN THE ISOTOPE LABORATORY, BUILDING 21:

1 NONE
 2 STORAGE FOR BULK SHIPMENT
 3 STORAGE, HOOD AND LABORATORY SPACE

SPECIAL CODES (RSB USE ONLY)

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ENTER THE RADIATION SAFETY ASSIGNED IDENTIFICATION NUMBER & NAME OF ALL PERSONS WHO WILL USE THIS RADIOACTIVE MATERIAL:

IDENTIFICATION #	NAME	IDENTIFICATION #	NAME
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TO LIST ADDITIONAL USERS, ATTACH ANOTHER NIH 88-1, USING ONLY THE SECTION FOR LISTING USERS

LIST ALL ROOMS OR AREAS WHERE RADIOACTIVE MATERIAL WILL BE USED

DESCRIBE BRIEFLY THE PROCEDURES THAT WILL BE USED

SIGNATURE OF AUTHORIZED INVESTIGATOR	ADDRESS (BUILDING/ROOM #)	TELEPHONE EXT.	DATE
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ITEM RECEIVED BY (RADIATION SAFETY BRANCH USE ONLY)	STORAGE LOCATION (RADIATION SAFETY BRANCH ONLY)
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COL 72-81