



Oregon Request for Low Level Gamma Spectroscopy Analysis

Department of Human Services | Radiation Protection Services

800 NE Oregon St. #640 Portland, OR 97232-2162

voice: (971) 673-0490 fax: (971) 673-0553

REV CD QC611 71300 70490 2455 AY09

COMPANY INFORMATION	
Date submitted _____	Company Name _____
Attention _____	Phone _____ Fax _____
Mailing Address _____ _____	
Broker Name _____	
Delivery <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Federal Express <input type="checkbox"/>	Acct # _____

SHIPMENT INFORMATION	
Date Sampled _____	Name of Vessel _____
From _____	Destination _____
Quantity _____	Lot No. _____
<input type="checkbox"/> Potatoes <input type="checkbox"/> Barley <input type="checkbox"/> Oats <input type="checkbox"/> Rice <input type="checkbox"/> Wheat <input type="checkbox"/> Nuts (specify) _____	
<input type="checkbox"/> Other (specify) _____	
Remarks: _____ _____	

Payment must be enclosed with the sample request(s). Make checks payable to: **Public Health Division**
Deliver samples to: **Radiation Protection Services**, 800 NE Oregon St. #640, Portland OR 97232

PRICE SCHEDULE (minimum sample size: 1 kg)
<input type="checkbox"/> 24-hour* (\$336 per sample)
<input type="checkbox"/> 5-day* (\$236 per sample)
<input type="checkbox"/> Notarized analysis report (additional \$20 per sample)
*excluding weekends and holidays

FOR DHS USE ONLY	
ERL# _____	Certificate # _____
Time/Date Rec'd _____	Date Analyzed _____
Analytical Results Becquerels/Kilogram (Bq/Kg Dry)	
¹³⁴ Cs _____	¹³⁷ Cs _____ Other _____
Analyzed By: _____	