|  |  |
| --- | --- |
| **Purdue UniversityREM Form R-1** | **RADIOACTIVE MATERIAL REQUISITION** |
|  | ***Completed forms must be attached in the Ariba order.\* (see “Remarks”)*** |
| **Fund / Cost Center**  | **Name of Principal User** | **Authorization #** | **Phone #** |
|       |       |       |       |
| **Quantity** (mCi) | **Catalog Number** | **Nuclide and Form** | **Price** |
|       |       |       | **$**      |
|  |  |  |  |
| **Vendor** | **Date(s) Desired** |
|       |       |
|  |  |
| **Requested by / Contact Information** | **Date of Request** | **Building**  | **Room** |
|       |       |       |       |
|  |  |  |  |
| **Additional Information for Vendor** |
|        |
| **Remarks** |
| ***\*This order must be approved by REM – for further information go to:*** [***https://www.purdue.edu/ehps/rem/laboratory/HazMat/Radioactive%20Materials.html***](https://www.purdue.edu/ehps/rem/laboratory/HazMat/Radioactive%20Materials.html) |
| **DO NOT WRITE IN SPACES BELOW - REM USE ONLY** |
| **Cart #** | **Purchase Order #** | **Approved by & Date**  | **Reference #** |
|       |       |       |       |
| **Pkg. Received by** | **Arrival Date & Time** | **Pkg. Surveyed by** | **Survey Date & Time** |
|       |       |       |       |
| **Health Physics Assay Information / Package Survey Information** |
| **Quantity** (mCi)**:** | **Exposure** (mR/hr) **@ Pkg. Surface:** | **Comments** |
| **Concentration** (mCi/mL)**:**      |  |       |
| **Volume** (mL)**:** | **Exposure** (mR/hr) **@ 1 meter:** |  |
| **Specific Activity:** |  |  |
| **Time of Assay:** | **Exposure** (mR/hr) **@ Vial Surface:** |  |
| **Purity:** |  |  |
| **Lot #:** | **Pkg. Surface dpm:**      |  |
| **Other:** | **Instruments Used:**  [ ]  **LSC** [ ]  G**M** [ ]  **Both** |  |
| **Serial #** (Sealed Source)**:** |  |  |
| **Model #** (Sealed Source)**:** | **Storage:** [ ]  **Shelf** [ ]  **Refrigerator**[ ]  **Freezer** |  |
| **SSDR #** (Sealed Source)**:** |  |  |
| R**eceived by & Date:** | **Dispensed by & Date:** |