

## Internal Isotope Request Form

Radiation Safety  
Environmental Health & Safety  
e-mail: [radiation.safety@osu.edu](mailto:radiation.safety@osu.edu)

Approved Supervisor: \_\_\_\_\_ Location of Use: \_\_\_\_\_ Date: \_\_\_\_\_

Person(s) using Isotope: \_\_\_\_\_ E-mail of person(s) using Isotope: \_\_\_\_\_

Vendor: Nuclear Pharmacy Cardinal Health Cyclotron Other: \_\_\_\_\_

Animal Use? yes no If yes, Species: \_\_\_\_\_ Human Use? yes no

Number of Vials*	Activity per vial (mCi) *	Isotope	Compound	Date of use	RS# / Inventory number (Radiation Safety Use Only)

\* List individual therapy and/or stock vials separately.

\* Any one time use of **5 mCi or greater of I-131 or I-124; or 6 mCi or greater of I-125; or 27 mCi or greater of I-123** requires that personnel using the isotope have a thyroid assay done at Nuclear Pharmacy in 203 Doan Hall **24 -72 hours** after use of isotope.

Radiation Safety Approval: