

## Internal Isotope Request Form

Radiation Safety
Environmental Health & Safety
e-mail: 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.					
Radiation Safety Approval:					
			7.00		_
			RSS rep:		Date: