



Radioactive Materials Purchase Request
Radiation Protection Service

Purchase Information

Request Date: _____

Permit Holder (Name & e-mail): _____

RAM Permit Number: _____

Radioisotope: _____ Number of items/vials: _____

Activity per item/vial (mCi): _____

Chemical Form/Compound Name: _____

Vendor/Supplier: _____

Catalogue Number: _____ Price (CAD): _____

Charge To

Fund No: _____ Fund Centre (CFC): _____

Cost Centre (CC): _____

Shipping Information

Expected Delivery Date: _____

Delivery Contact (Name & number): _____

Delivery Location & Address: _____

Purchase Request Confirmation

Permit Holder Signature: _____ Date: _____

To be completed by the Department Business Officer or delegate:

Document Number: _____ Date Processed: _____

Purchase Order No: _____