



**Purchase Request of Radioisotopes**

**Permit Holder:** \_\_\_\_\_

**Permit Number:** \_\_\_\_\_

**Radioisotope:** \_\_\_\_\_ **Number of Vials:** \_\_\_\_\_

**Chemical Form:** \_\_\_\_\_

**Activity per units (mCi):** \_\_\_\_\_

**Supplier:** \_\_\_\_\_

**Catalogue Number:** \_\_\_\_\_ **Price:** \_\_\_\_\_

**Date of Request:** \_\_\_\_\_

**Expected Delivery Day:** \_\_\_\_\_

**Delivery Location:** \_\_\_\_\_

**Delivery Contact Person:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Charge to: Fund No.:** \_\_\_\_\_ **Fund Centre (CFC):** \_\_\_\_\_

**Cost Centre (CC):** \_\_\_\_\_

**Investigator's Signature:** \_\_\_\_\_

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*To be completed by the Department Business Officer or delegate:*

**Document number:** \_\_\_\_\_

**Purchase Order No.:** \_\_\_\_\_ **Date Processed:** \_\_\_\_\_