



UNIVERSITY OF TORONTO

Purchase Request of Radioisotopes

Permit holder: _____

Permit number: _____

Radioisotope: _____ Number of vials: _____

Chemical form: _____

Activity per vial (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: _____

To be completed by the Department Business Officer or delegate:

Document number: _____

Purchase order No: _____ Date processed: _____