UNIVERSITY OF TORONTO

Purchase Request of Radioisotopes

Permit holder: _____

Permit number: _____

Radioisotope: _____ **Number of vials:** _____

Chemical form: _____

Activity per vial (mCi): _____ **Volume per vial (ul):** _____

Supplier: _____

Cataloge 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:** _____