

Jackson State University

REQUEST FOR PROCUREMENT OF RADIOISOTOPES

NAME OF PRINCIPAL USER:_____	J#:_____
DEPARTMENT:_____	PHONE:_____

Other individuals who will use the material:

Name (Print)	Soc. Sec.#	Department

Area of Use (Building and Room #)	Name of Chemical (s)	Physical Type (solid, liquid, gas)	Amount to be Purchased (e.g., mCi)

STATE OF REQUEST AND AGREEMENT

The individual named as principal user signifies by his/her signature below that he/she had read, that he/she understands, and that he/she without reservation of any kind, to abide by the University Regulations governing the possession, use and disposal of radioactive materials as given in the University Radiation Safety Manual. The undersigned hereby waives any right or recourse against Jackson State University for any damage whatsoever resulting from any failure to fully conform with said regulations.

Signature:_____Date:_____