

**THE UNIVERSITY OF MISSISSIPPI
LABORATORY SERVICES**

Phone (662) 915-5433 FAX (662) 915-5480

UMRAC # _____

Radioactive Material Purchase Application

Principal Investigator :			
Department :		Phone Number :	
Location of Use: Building		Room #	

Other Authorized Individuals Who Will Use The Material :	
Name :	Department :

Description Of Material :			
Radioisotope / Name of Product			
Activity to be Purchased		Physical State	
Vendor			Catalog Number
Quoted Price		S/H Charge	Quote #

STATEMENT OF REQUEST AND AGREEMENT

The individual named as principle user signifies by the signature below they have read, they understand, and they agree without reservation of any kind to abide by, the University Regulations governing the possession, use and disposal of RESTRICTED MATERIALS as given in the University Chemical Safety Manual, the University Radiation Safety Manual, and all applicable university policies. The undersigned hereby waives any right or recourse against the University of Mississippi for any damage whatsoever resulting from any failure to fully conform with said regulations.

Date	Signature / Principal Investigator

Cost Center / Account Number	Signature / Signatory Officer

Date	Signature / Radiation Protection Specialist
Purchase Requisition Number	Purchase Order #