

University of Washington  
 Rush Form for Purchases of Radioactive Materials  
**Submit Directly to the Radiation Safety Office No Later than 11:00 am**  
**Fax #: 206-543-9726**

Budget Name:		Budget Number:		Req/PO #:	
Date Faxed:		Dept Contact (full name please):		Departmental Approval By (full name please):	
Authorized Investigator (full name please):		Phone:		Tech Contact (please type full name):	
Deliver to Room #:		Building (please choose one):		Phone:	
Deliver No <b>Earlier</b> than:		Deliver no <b>Later</b> than:			
Vendor (please choose one):					
<b>PERKIN ELMER</b> <b>LIFE SCI (NEN)</b> <b>(111484-30)</b>		<b>AMERSHAM</b> <b>PHARMECEUTICALS (105340-06)</b>		<b>MP Biomedicals</b> <b>(102410-06)</b>	<b>DIAGNOSTIC</b> <b>PROD</b> <b>(110029-02)</b>
<b>AMER RAD</b> <b>CHEM</b> <b>(117394-03)</b>		<b>OTHER VENDOR</b> (full legal name please):		Vendor Phone # (if known):	Customer Account # (if known):
CATALOG #:	DESCRIPTION:	QUANTITY:	UNIT SIZE:	UNIT PRICE:	<i>QUOTE:</i>
				\$	
				\$	
				\$	
				\$	
<b>BUYER:</b>	<b>DATE ORDERED:</b>	<b>VENDOR CONTACT:</b>		<b>DELIVERY DATE:</b>	
				<b>RADIATION SAFETY:</b>	
		<b>SHIP VIA:</b>		<b>REFERENCE #:</b>	<b>HOLD?</b>
<i>Shaded areas for Radiation Safety and Purchasing use only</i>					