



**UNIVERSITY OF TORONTO**

**Purchase Request of Radioisotopes**

**Permit holder:** \_\_\_\_\_

**Permit number:** \_\_\_\_\_

**Radioisotope:** \_\_\_\_\_ **Number of vials:** \_\_\_\_\_

**Chemical form:** \_\_\_\_\_

**Activity per units (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:** \_\_\_\_\_

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To be completed by the Department Business Officer or delegate:

**Document number:** \_\_\_\_\_

**Purchase order No:** \_\_\_\_\_ **Date processed:** \_\_\_\_\_