UNIVERSITY OF WISCONSIN- MEDICAL RADIATION RESEARCH CENTER
RADIATION CALIBRATION LABORATORY

1111 Highland Ave., B1002 WIMR
Madison, Wisconsin 53705-2275
Phone: (608) 262-6320   Fax: (608) 262-5012

REQUEST FOR RADIOACTIVE SOURCE CALIBRATION

Physicist Submitting Source		Billing Contact Name	
Institution* Address		Billing Address	
Ship To Address (if different)		Phone	
Fax		Fax	
Phone		PO Number or means of payment	

*We will assume that the source is to be shipped back to the institution from which it came. A separate shipping address is sometimes required for receipt of radioactive materials.

If you intend to ship a source to us that we are to calibrate and then ship to a completely different institution (you are changing ownership of the source), please contact us to work out the details.

Source Information:

Isotope	Manufacturer	Model #	Serial #	Source Type	Nominal Activity/Date Measured

Please provide the most recent leak test certificate. If the source fails the initial leak test upon arrival at our facility, it will be returned to you.

Do you have any additional information relevant to the source that may have a bearing on the calibration, or the safe handling of the source?

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Please attach any calibration certificates or other manufacturers information regarding the source that is available-it will be returned to you upon completion of the calibration. Also attach the pertinent part(s) of your Institutional Radioactive Materials License indicating that you are approved for possession of the source you are shipping to us.

Damage Claim Release:
Although personnel performing measurements will handle the sources with due care, I understand that neither they nor the University of Wisconsin will be liable for any damage or loss of the source unless such damage or loss is due to negligence on the part of the RCL personnel.

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Signature   Date

Form revised 15/SEP/2006