

RadSafe 1d CREDIT CARD APPROVAL FOR RADIOACTIVE MATERIALS

Authorized User: _____

Permit #: _____ Department _____

Maximum activity per isotope for each shipment _____

Vendors to be used: _____

UMKC card: _____ Other: _____ (explain): _____

The last 4 digits of the credit card: _____ Expiration Date: _____

Authorized individual on the credit card: _____

Check mark the appropriate delivery address that you will be using.

Delivery address to be used at Hospital Hill campus: UMKC School of Medicine _____
Attn: Division of Radiation Safety, x-5289
2411Holmes Street
Kansas City, MO 64108

Delivery address to be used at Volker campus: UMKC Central Receiving _____
Attn: Division of Radiation Safety, x-1844
General Services Building
1011 E. 51 St. Street
Kansas City, MO 64110

Statement of acknowledgment:

I understand that the use of a credit card for the purchase of radioactive materials is for routine purchases only. The final delivery of the radioactive materials into my laboratory is subject to all requirements of the Division of Radiation Safety.

I will notify the Division of Radiation Safety by phone of any purchase of radioactive materials from this card immediately after placing the order. When I notify the Division of Radiation Safety, I will inform them of the radionuclide, the amount ordered, the chemical form, the vendor and the expected delivery date of my order.

I understand that this request will need to be renewed annually or upon the issue and /or use of a new credit card, which ever comes first.

Signature of Authorize User: _____ Date: _____

Radiation Safety Approval: _____ Date: _____