

Colorado State University

COLLEGE OF VETERINARY MEDICINE
AND BIOMEDICAL SCIENCES

Environmental and Radiological Health Sciences

MRB Irradiation Facilities

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Irradiation Services Request Form

Internal: 1420880 - 4800

External: 1420880 - 4401

Authorized Individual: _____ **Date:** _____

Phone: _____ **eMail:** _____

PI: _____

Department: _____

Account Number: _____

Materials Description: _____

Container Type: _____

Example: 50 ml conical tubes

Desired Dose: _____

Gy or rad or identify dose as

"sterilization" or "feeder cell"

Notes: _____

Special precautions, etc.

Operator: _____

Hours of Operation: CSU Scheduled Workdays - 8:00 a.m. - 4:00 p.m.

