Environmental and Radiological Health Sciences

MRB Irradiation Facilities

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| Operator: | Chrissy Fallgren | (970) 491-2384 | christina.fallgren@colostate.edu |
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Irradiation Services Request Form

Authorized Individual: __________________________ Date: __________________________

Phone: __________________________ E-Mail: __________________________

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.