



College of Veterinary Medicine & Biomedical Sciences

Department of Environmental & Radiological Health Sciences

MRB Irradiation Facilities

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Irradiation Services Request Form

Internal: 1420880 - 4800

External: 1400180-4380

Authorized

Individual: _____

Date: _____

Phone: _____

eMail: _____

PI: _____

Department: _____

Account No: _____

Materials Description: _____

Container Type:

(50 ml conical tubes, etc)

Desired Dose:

(Gy or rad; or identify as "sterilization" or "feeder cell" dose)

Notes:

(Special Precautions, etc.)

Operator: _____

Hours of Operation: CSU Scheduled Workdays - 8am -> 4pm