IRRADIATION REQUEST STANDARD SAMPLE INFORMATION FORM

(Shaded columns must be completed by the Experimenter)

IR #:
Project #:
Run #:
Page of

Sample Number	Physical Form	Chemical Form	Sample Amount (g)	Estimated Radioactivity At EOB (mCi)	Major Radionuclides At EOB	Estimated Radioactivity At Transfer (mCi)	Major Radioactivity At Transfer	Rotating Rack Position	Remarks	WC at 1ft* (mR h ⁻¹)
1										
2										
3										
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*Initial Radiation Survey Instrument Information

Date	Time	Instrument / Serial Number	BSCF

Final Release Survey

Tillal Release Survey										
Group Number	Date	Time	Instrument / Serial Number	Uncorrected Contact (mR h ⁻¹)		Uncorrected @ 1 ft (mR h ⁻¹)			BSCF	Estimated Radioactivity
				wo	WC_1	WO	WC_1	WC_2		[6CEN] (mCi)
1										
2										
3										
4										

Estimated Activity Transferred (mCi) =