

**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 <sup>-1</sup> )
1										
2										
3										
4										
5										
6										
7										
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9										
10										
11										
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**\*Initial Radiation Survey Instrument Information**

Date	Time	Instrument / Serial Number	BSCF

**Final Release Survey**

Group Number	Date	Time	Instrument / Serial Number	Uncorrected Contact (mR h <sup>-1</sup> )		Uncorrected @ 1 ft (mR h <sup>-1</sup> )			BSCF	Estimated Radioactivity [6CEN] (mCi)
				WO	WC <sub>1</sub>	WO	WC <sub>1</sub>	WC <sub>2</sub>		
1										
2										
3										
4										

Estimated Activity Transferred (mCi) =

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