



From: _____
Company Name: _____
Address: _____
City: _____
State/Zip: _____
Contact Name: _____
Phone: _____
Fax: _____
Email: _____

Please Complete All Fields

Send to:

Nukemed Technologies
1201 N. Flyer Street
Peru, IN 46970

888-996-4905
info@nukemedtechnologies.com
www.nukemed.com

RETURN NUMBER: _____

NOTE: In order to expedite your receipt of a Source Acknowledgement Return notification, please ensure the following:

- a) The return authorization number is complete on this form;
- b) This completed form is placed inside of the returned package;
- c) The Return Authorization label is affixed to the outside of the package; and,
- d) Each returned source is on a one for one exchange basis.

For additional return information go to www.nukemed.com, Select Products/Services and find an "Expended Source Disposal Request Form" or you may contact Nukemed Technologies by phone.

	Nuclide	Labeled Activity	Reference Date	Serial Number
1)				
2)				
3)				
4)				
5)				

Sources shipped to Nukemed Technologies without prior authorization will be returned to Sender at the Sender's expense.

This section is for Nukemed Technologies ONLY

Received at NukeMed by:

Print Name:

Date:

All items in above list were received: Yes

No (If no-write comments on back)