



International Isotopes Inc.

From:

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

Please Complete All Fields

Send To:

International Isotopes Inc
 4137 Commerce Circle
 Idaho Falls, ID 83401
 Phone: 208-524-5300
 Fax: 208-524-1411
 Email: admin@intisoid.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 included in your Return Kit, is affixed to the **outside** of the package; and,
- d) Each returned source is on a **one for one in kind** exchange basis.

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

ALL REQUESTED INFORMATION MUST BE FILLED IN COMPLETELY

	Nuclide	Labeled Activity	Reference Date	Manufacturer	Serial Number	Source Type
1)						
2)						
3)						

Sources shipped to International Isotopes Inc. without a Return Authorization Number will be returned to Sender at the Sender's expense.

This section is for International Isotopes ONLY:

Received at I3 by: _____ Date: _____

All items in above list were received: Yes No

All contents removed from box(es), container(s) and/or shield bag(s): Yes No

Return Processed at I3 by: _____ Date: _____