

Company Name _____

Address _____

City _____

State/Zip _____

Contact Name _____

Phone _____

Email _____

Ship To:
 Radnostix/Radqual
 4137 Commerce Circle
 Idaho Falls, ID 83401
 208.524.5300
 admin@intisoid.com

Return Authorization Number _____

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

1. The return authorization number is complete on this form;
2. This completed form is placed inside of the returned package;
3. The Return Authorization label included in your Return Kit, is affixed to the **outside** of the package; and,
4. Each returned source is on a **one for one in kind** exchange basis.

For additional return information go to radqual.com or call us at 208.524.5300.

All requested information must be filled in completely

Nuclide	Labeled Activity	Reference Date	Manufacturer	Serial Number	Source Type

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

This section is for Radnostix ONLY:

Received at Radnostix 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 Radnostix by _____ Date _____