



York University, Farquharson Life Science Building Room 209

X-Ray Irradiation Service Request Form

Date (dd/mm/yyyy)

Contact Name

First

Last

Contact Email (Institution Email only Please)

Phone

Invoice To

Name of Institution

PO Number (PO Attached)

Institution Address

Address Line 1

Address Line 2

City

Province

Postal Code

Department Email for Invoice

Phone

Name of Financial Officer

First

Last

York University, Farquharson Life Science Building Room 209

Job Summary – Please specify sample type, size (dimension), quantity and other requirements (eg. Packaging) if applicable.

Sample Type

Sample Size Dimensions (L x W x H)

Quantity

Are the samples already packaged? Yes No

If not packaged, do you require packaging? Yes No

Other Information/Comments: