

Illinois Accelerator Research Center  
A2D2 WORK REQUEST FORM

Date:	Requestor Name:	Requestor email/phone:
<b>GENERAL INFORMATION</b>		
Requestor Institution(s):		CRADA/SPP Number*:
CRADA/SPP Title:		
Brief Description of Purpose of Study:		
Description of Scope of Work of use of A2D2( including number of samples, type of samples, dose required, treatment conditions, sample holder, sample preparation requirements):		
Requested Date for Treatment?		
<b>ENVIRONMENTAL SAFETY AND HEALTH</b>		
List all the materials that are to be treated in A2D2:		
Could there be any intellectual property created?	<input type="radio"/> Yes <input type="radio"/> No	If yes, please detail.
Are there any radioactive components?	<input type="radio"/> Yes <input type="radio"/> No	If yes, please detail.
Are there any carcinogenic compounds?	<input type="radio"/> Yes <input type="radio"/> No	If yes, please detail.
Are there any special concerns with treating samples?	<input type="radio"/> Yes <input type="radio"/> No	If yes, please detail. (Examples: explosive, flammable, outgassing)
Will any waste be generated during treatment process?	<input type="radio"/> Yes <input type="radio"/> No	If yes, please detail what waste, concerns with wastes and how wastes will be disposed of.
<b>COST OF USE**</b>		
Amount of funding available for scope of work:	Task code for work:	
Estimated cost to do the scope of work:		
The above information is true to the best of my knowledge.		
Requestor Signature: _____		Date: _____
IARC Signature: _____		Date: _____

\*OPTT to fill in

\*\* IARC to fill in