

INTERNAL RADIOISOTOPE TRANSFER RECORD

THIS FORM MUST BE COMPLETED AND SENT TO THE RADIATION SAFETY OFFICE WHENEVER RADIOACTIVE MATERIAL IS TRANSFERRED WITHIN THE UNIVERSITY OR HEALTH CENTER FROM ONE AUTHORIZED USER TO ANOTHER.

SUPPLIER

AUTHORIZED USER _____ PHONE _____

MATERIAL

RADIONUCLIDE _____ ACTIVITY _____ mCi
MANUFACTURER _____ CATALOG NO./ COMPOUND NAME _____

STOCK VIAL ASSAY DATE _____ PURCHASE ORDER NUMBER _____

RECEIVER

AUTHORIZED USER _____ PHONE _____
LOCATION: ROOM _____ BLDG. _____

I HAVE ASSURED THAT THE RECEIVER IS AUTHORIZED BY THE UNIVERSITY RADIATION SAFETY OFFICE TO USE AND POSSESS THIS RADIOACTIVE MATERIAL.

SIGNATURE

DATE OF TRANSFER