Intracampus Transfer of Radioactive Material

From: _____ To: _____
PI/Department PI/Department

_____ _____ _____ _____
Building/Room RUA Building/Room RUA

_____ _____
PI Signature PI Signature

Isotope: _____ Chemical Form: _____

Total mCi:_____ Physical Form:_____

Transfer Date: _____ Bar Code: _____

Storage Temp: _____ Container Description _____

Means of Transportation:_____

Comments:_____

_____

New Bar Code: _____
Assigned by EH&S

Please send a copy of the completed form to Radiation Safety at mail code 0035 or fax to 858-822-5524. A copy should be kept by each PI.