

TRANSFER OF RADIOACTIVE MATERIAL
OFF-CAMPUS REQUEST FORM FOR UCI

1. Shipper's Name: _____
Return address: _____

Campus phone: _____
Principal Investigator's Name: _____
Dept. _____ Radiation Use Authorization #: _____

2. Receiver's Name: _____
Address: _____

Phone number: _____
FAX Number: _____
Radioactive Material License #: _____

**** *EH&S must have a copy of the receiver's NRC or state radioactive material license prior to shipping. If this is an international shipment, place a copy of the UCI campus license inside the shipment box.*

3. **What is being shipped?**
Radioisotope(s): _____ Total Activity _____ (mCi) or (MBq)
Chemical Form _____ Physical Form: solid /liquid /gas (circle one)
Shipping Temp: Frozen (dry ice) Refrigerated (wet ice) Ambient (circle one)
Inner container(s): Quantity _____ Type: vial ampoule other _____
Wipe test results (dpm) _____ or (cpm) _____ (please provide printout)
For use in or incident to research, medical diagnosis or treatment? Yes No

4. UCI recharge number _ _ _ _ _ - _ _ _ _ _ - _ _ _
**** *For FedEx shipping costs from UCI-EH&S to the Receiver*

5. Authorized signature _____ Date _____

This form may be sent to UC Irvine EH&S either by Fax 824-8539, or campus mail to EH&S, ZOT 2725, Attn: Rocky Dendo (Phone: 949-824-6200)

*****Reserved for EH&S Use*****

Outer Package Type: _____ Wipe Test (dpm/300 cm²) _____
mR/hr contact: _____ mR/hr @ 1 meter: _____ Transport Index: _____
Label: Exempt Limited Quantity White I Yellow II Yellow III
DOT proper shipping name, hazard class, and ID number:

Authorized shippers signature: _____

Print name: _____ Title: _____ Date sent: _____