

TRANSFER OF RADIOACTIVE MATERIAL

Date _____

TRANSFER BY:

Principal Investigator _____ RUA _____ Department _____

Building _____ Room _____ Phone _____

Account# (Only if transferring to EH&S for disposal) _____

INDIVIDUAL TRANSFERRING MATERIAL:

Print Name _____ Signature _____

- TRANSFER TO:**
- EH&S for disposal
 - P.I. and RUA# _____
 - Other _____

Received By _____ Date _____

Isotope	Activity (mCi)	Physical Form	Chemical Form