



INTERNAL TRANSFER REQUEST FOR RADIOACTIVE MATERIALS

This Form Must Be Completed and Signed by Both Authorized Radiation User/Principal Investigators (ARU/PI) and Forwarded to the Radiation Safety Department for Approval Prior to the Internal Transfer of Radioactive Materials.

The Radiation Safety Department Must Verify Whether the Receiving ARU/PI Is Authorized to Possess the Materials & Activity Being Transferred. (All information must be provided for RSO approval.)

ARU/PI Requester Name: _____ (please print)

Department: _____ PO Box: _____ Phone #: _____

ARU/PI Signature: _____ Date: _____

Materials Being Transferred:

Purchase Order No.: _____ Vendor: _____ Date Received: _____

Radionuclide: _____ Activity: _____ (mCi) Compound: _____

Description: _____ Storage Temperature: _____

Current Activity: _____ (mCi) Currently Stored in Rm #: _____ Bldg: _____

ARU/PI Recipient Name: _____ (please print)

Department: _____ PO Box: _____ Phone #: _____

To be stored in Rm #: _____ Bldg: _____

I am currently authorized by the Radiation Safety Committee to possess the RAM.

Authorized User/PI Signature: _____ Date: _____

I Hereby Approve the Internal Transfer of the Radioactive Materials Cited Above in Accordance with all RSD Rules and Regulations, RSM, and Regulatory Requirements.

Stephen Root, Radiation Safety Officer

Date