

West Virginia University • Health Sciences Center • WVU Hospitals
Jefferson Medical Center • Rockefeller Neurosciences Institute

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## 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 <u>Prior</u> 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: Ac	tivity:(mCi) Compound:	
Description:		Storage Temperature:
Current Activity:(mC	Ci) 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.		
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Stephen Root, Radiation Safety	Officer	 Date
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