

Radioactive Material Transfer Request Form

*This form is for transfers between approved SDSU Radiation Use Authorizations **ONLY**. Please provide as much detail as possible to the following questions. If there are any questions, please call EH&S at 46879.*

Radioactive Material Transfer From:

Principal Investigator: _____ RUA #: _____

Radioisotope: _____ Activity of Transfer (uCi): _____

Date of Transfer: _____

Chemical Form of Material to be Transferred: _____

Date Original Stock Shipment was Received: _____

Original Activity of Shipment (uCi): _____

Transfer the Above Radioactive Material To:

Principal Investigator: _____ RUA #: _____

Comments: _____

For EH&S Use Only.

Material is approved for transfer Yes No (Reason) _____

Approved by: _____ Date: _____

Inventories appropriately amended by: (Init.) _____ Date: _____