



Authorization for Internal Transfer of Materials Between Authorized Users

(Please return the completed form to the Radiation Safety Office.)

Authorization is requested for the transfer of _____ of _____
(activity in μCi , mCi) (isotope)

Chemical and physical form of material to be transferred: _____

TO: AUTHORIZED USER: _____

DEPARTMENT: _____

BUILDING: _____

PHONE NUMBER: _____

Anticipated date of transfer: _____

Specify means of transportation: _____

R.I. TRANSFERRING: _____

(Print Name)

(Signature)

Date: _____

R.I. RECEIVING: _____

(Print Name)

(Signature)

Date: _____

TO BE USED FOR: Human Use _____ Non Human Use _____

(FOR OFFICIAL USE ONLY)

REQUEST APPROVAL SIGNATURE: _____

Date: _____

Radiation Safety Officer