

Radioactive Material Transfer Request Form

*This form is for transfers between approved SDSU Radiation Use Authorizations **ONLY**. The Principal Investigator who is requesting a radioactive materials transfer is responsible for completion of this form. Please provide as much detail as possible to the following questions. If there are any questions please call EH&S at 46778.*

Radioactive Material Transfer From:

Principal Investigator: _____ RUA #: _____
Radioisotope: _____ Activity of Transfer (uCi): _____
Date of Original Stock Shipment was Received: _____
Original Activity of Shipment (uCi): _____ P.O.#: _____
Chemical Form of Material to be Transferred
if Different Than Original Shipment: _____

Transfer of Above Radioactive Material To:

Principal Investigator: _____ RUA #: _____

Will the transfer involve the transportation of radioactive material on any public roadways? _____. If yes, Contact EH&S so that shipping papers may be prepared in accordance with DOT regulations. Provide additional comments if necessary.

Comments: _____

For EH&S Use Only.

Material is approved for transfer Yes No (Reason) _____

Approved by: _____ Date: _____

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