

RADIOACTIVE MATERIAL TRANSFER FORM

Transfer Within VCU: Complete all Sections above break to ensure prompt approval.

Transfer Request

Name of Transferring Investigator:

Name of Recipient Investigator:

Location:

Location:

Authorization Number:

Authorization Number:

Phone:

Phone:

Signature of Responsible Investigator:

Signature of Responsible Investigator:

Date of transfer	Isotope	Control Number	Total Activity (μCi)	Chemical Form	Number/Type of Containers

Request Approved by: _____ *Date:* _____
Radiation Safety Section/OEHS

RELEASED:	Signature:	Date:
ACCEPTED:	Signature:	Date:

Transfer Approved by: _____ *Date:* _____
Radiation Safety Section/OEHS