

Form RC-5**RADIOACTIVE MATERIAL TRANSFER**

Radioisotope	mCi	Assay Date	Chemical Form	Approval #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

To: Authorized User & Dept. _____ **From Vendor:** _____

Received by: _____ **Date:** _____

Deface ALL radiation labels before disposing shipping containers.

	mR/hr @ contact	Wipe: cpm	dpm/100cm²
Background	_____	_____	_____
Outside Shipping Container	_____	_____	_____
Primary Container	NA	_____	_____
Vial	NA	_____	_____
Instruments Used:	_____	_____	_____
Labels: Excepted	White I	Yellow I (TI)	Yellow II (TI)
_____	_____	_____	_____
Dry Ice OK:	Hold: Notified	Comments:	
_____	_____	_____	
Surveyed by:			Date:
_____			_____