

Form RC-5
RADIOACTIVE MATERIAL TRANSFER

<u>Radioisotope</u>	<u>mCi</u>	<u>Assay Date</u>	<u>Chemical Form</u>	<u>Approval / Inventory #</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

To: Authorized User and Department _____ From Vendor: _____

Received By: _____ Date: _____

Deface ALL radiation labels before disposing shipping containers.

	<u>mR/hr @ contact</u>	<u>Wipes (cpm)</u>	<u>dpm/100cm²</u>
Background	_____	_____	_____
Outside Shipping Container	_____	_____	_____
Primary Shipping Container	NA	_____	_____
Vial	NA	_____	_____

Instruments Used: _____

Labels: Excepted _____ White I _____ Yellow II (TI) _____ Yellow III (TI) _____

Dry Ice OK: _____ Hold: Notified _____ Comments: _____

Surveyed By: _____ Date: _____