



College of Medicine
Radiation Safety Office

State University of New York Upstate Medical University

RECORD OF RADIOACTIVE MATERIAL TRANSFER

PLEASE FILL OUT THIS FORM AND SENT TO THE RADIATION SAFETY OFFICE WHEN TRANSFERRING RADIOACTIVE MATERIALS.

NOTE: RADIOACTIVE MATERIALS CANNOT BE GIVEN OR SOLD TO ANYONE WHO DOES NOT POSSESS A RADIOACTIVE MATERIALS LICENSE

DATE OF TRANSFER:

NUCLIDE, AMOUNT, CHEMICAL FORM:

NAME AND LICENSE NUMBER OF AUTHORIZED USER TRANSFERRING THE RADIONUCLIDE:

NAME

LICENSE #

NAME AND LICENSE NUMBER OF AUTHORIZED USER RECEIVING THE RADIONUCLIDE:

NAME

LICENSE #

PURCHASE ORDER NUMBER:

P.O. #

REASON FOR TRANSFER: