**Radionuclides being transferred from:**

Name: Click or tap here to enter text. UM ID #: Click or tap here to enter text.

UM Email: Click or tap here to enter text.

Radioactive Room (Building and Room Number): Click or tap here to enter text.

Signature: Date:

**Radionuclides being transferred to:**

Name\*: Click or tap here to enter text. UM ID #: Click or tap here to enter text.

UM Email: Click or tap here to enter text.

Radioactive Room (Building and Room Number): Click or tap here to enter text.

Signature: Date:

*\*Please note that personnel must be authorized users prior to radionuclide transfer and if a location changes during this transfer, the room must already be authorized for radioactivity.*

**Radionuclide Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Radionuclide** | **Chemical form** | **Volume Transferred** | **Activity Remaining (µCi)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*Press enter to add rows*

**Environmental Health and Safety Use Only:**

RSO Signature: Date:

**This form must be kept readily available for inspection for 3 years following the disposal or complete usage of the radionuclide.**