

RADIOMUCLIDE UTILIZATION FORM

PRINCIPAL INVESTIGATOR:

ROOM NO:

RADIOMUCLIDE:

CHEMICAL/PHYSICAL FORM:

INITIAL ACTIVITY RECEIVED (μ Ci or mCi):

DATE RECEIVED:

Transferred from PI:

Transfer Approval Date:

(USE A SEPARATE FORM FOR EACH SHIPMENT OF EACH RADIONUCLIDE RECEIVED)

NOTE: When this particular shipment of radioactive material has been completely utilized, decayed or disposed, maintain this form in laboratory files for review by State and University Radiation Control inspectors.