Environmental Health & Safety *Research Park Development Building*
University of Missouri ***Columbia, MO 65211-3050***
573-882-7018 Phone
573-882-7940 Fax

Request for Radioactive Material Transfer via EHS

Instructions: Complete the applicable sections of this form and fax it to the EHS office. If you have any questions, please feel free to contact the EHS Radiation Safety Office at any time.

Select: ◉ Intra-campus transfer by EHS
○ Transfer outside MU License
Fax to: 573-882-7940

Request Date: _____
NOTE: Transfers outside of the MU license require extra time to verify licensing and obtain packaging.

Authorized User Name: _____ Auth. No.: _____
please print

Contact person: _____ Phone: _____
please print

Pick up location: _____
building *room*

Radionuclide	Inventory Number (if known)	Activity (mCi) (on request date)	Physical Form & amount	Chemical Form
1.			◉ liquid_____ mL ○ solid _____ g	
Description: Purpose: *Is this shipment intended for use in or incident to research, medical diagnosis or treatment?*				◉ Yes ○ No
2.			◉ liquid_____ mL ○ solid _____ g	
Description: Purpose: *Is this shipment intended for use in or incident to research, medical diagnosis or treatment?*				◉ Yes ○ No
3.			◉ liquid_____ mL ○ solid _____ g	
Description: Purpose: *Is this shipment intended for use in or incident to research, medical diagnosis or treatment?*				◉ Yes ○ No
4.			◉ liquid_____ mL ○ solid _____ g	
Description: Purpose: *Is this shipment intended for use in or incident to research, medical diagnosis or treatment?*				◉ Yes ○ No

Complete for Intra-campus transfer:

AU Name: _____ Auth. No.: _____ Bldg.: _____ Room: _____
please print

Complete for Transfer outside MU license:

Facility Address: _____

_____

Contact Name: _____ Contact Number: _____

MO Code or FedEx account: _____