

ISOTOPE TRANSFER and/or GIFT FORM
Radiation Safety Office
Phone: 335-8916
e-mail: radsafe@ad.wsu.edu

DATE SUBMITTED: _____

FROM (Transferor): _____ E-MAIL : _____
Authorized User (required)

TO (Transferee): _____ E-MAIL : _____
Authorized User (required)

ORIGINAL LOCATION: _____
(building) (room)

NEW LOCATION: _____
(building) (room)

ISOTOPE: _____ ACTIVITY (mCi): _____

ACTIVITY DATE (If Different From Transfer Date): _____

INTENDED DATE OF TRANSFER: _____

CONSENT REQUESTED BY: _____ FAX # _____

E-MAIL _____

**COMMENTS/
SURVEY RESULTS:**

To Be Completed By RSO.

Approved By: _____ Date: _____

RAEL Approved: Init. _____

Copies given to transferor and transferee: Init. _____

Transfer completed, Date _____ Init. _____

Both the Transferee and the Transferor should keep a copy of this completed form for their inventory control records.