

RADIOACTIVE MATERIAL TRANSFER REQUEST

Harry S. Truman Memorial Veteran's Hospital
800 Hospital Drive, Columbia, MO 65201
Radiation Safety Office
Cell: 573-397-3074, Ext.: 52590, Office: B050

Instructions:

1. RSO approval is required **PRIOR** to arranging onsite or offsite transfer.
2. Submit the completed form by email to mary.aldrich-sarafianos@va.gov and paula.morgret@va.gov

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Authorized User Approval:

AU Name: _____ Lab contact for shipment: _____
AU Approval: _____ Phone No.: _____
I approve the transfer of the radioactive materials described below:

Transfer Information:

Inventory ID#: _____ Radionuclide: _____
Physical form: _____ Activity (mCi): _____
Chemical form: _____ Volume, weight: _____ mL / g
Refrigerant: Wet ice required Dry ice required
Purpose: Is this shipment intended for use in or incident to research, medical diagnosis or treatment? Yes No

Recipient Information:

Ship to Facility: _____ Facility Contact Name: _____
_____ Facility Contact number: _____
FedEx Account #: _____

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Transfer Information:

Inventory ID#: _____ Radionuclide: _____
Physical form: _____ Activity (mCi): _____
Chemical form: _____

Transfer From:

AU Name: _____ Phone No.: _____
AU Approval: _____
I approve the transfer of radioactive materials described above from my authorization to the AU named below.

Transfer To:

AU Name: _____ Phone No.: _____
AU Approval: _____
I accept the transfer of radioactive materials described above to my authorization

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