UNIVERSITY OF FLORIDA
On Campus Radioactive Material Transfer Record

______________________________________________________________________________________

PRIOR APPROVAL OF RADIATION CONTROL DEPARTMENT
REQUIRED BEFORE ANY TRANSFERS ARE INITIATED

______________________________________________________________________________________

Principal Investigator Transferring (Print)       Signature
Department: _________________________________ Phone: ______________
Room Number: _______________________________ Bldg: ____________
Date Transferred: ____________________________

Principal Investigator Receiving (Print)       Signature
Department: _________________________________ Phone: ______________
Room Number: _______________________________ Bldg: ____________
Date Received: ______________________________

License No.: _________________________________
Approval: _________________________________ Date: ______________
Radiation Control

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Radio-</th>
<th>Physical</th>
<th>Activity</th>
<th>Is this a single transfer or part of a series of scheduled transfers? Explain below</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>nuclide(s)</td>
<td>Form</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>