

RADIONUCLIDE UTILIZATION FORM

PRINCIPAL INVESTIGATOR: _____ ROOM NO: _____

RADIONUCLIDE: _____ CHEMICAL/PHYSICAL FORM: _____

INITIAL ACTIVITY RECEIVED (μCi or mCi): _____ DATE RECEIVED: _____

Transferred from PI: _____ Transfer Approval Date: _____

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

Date	Activity Removed μCi - mCi	Activity Remaining μCi - mCi	Use	Final Disposal	Users Initials

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.