



RADIATION SAFETY DEPARTMENT

**WEST VIRGINIA UNIVERSITY • HEALTH SCIENCES CENTER • WVU HOSPITALS
JEFFERSON MEDICAL CENTER • FAIRMONT REGIONAL CANCER CENTER**

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INTERNAL TRANSFER REQUEST FOR RADIOACTIVE MATERIALS

This Form Must Be Completed and Signed by Both Authorized Radiation User/Principal Investigators (ARU/PI) and Forwarded to the Radiation Safety Department for Approval Prior to the Internal Transfer of Radioactive Materials.

The Radiation Safety Department Must Verify Whether the Receiving ARU/PI Is Authorized to Possess the Materials & Activity Being Transferred. (All information must be provided for RSO approval.)

ARU/PI Requester Name: _____ (please print)
Department: _____ PO Box: _____ Phone #: _____
ARU/PI Signature: _____ Date: _____

Materials Being Transferred:
Purchase Order No: _____ Vendor: _____ Date Received: _____
Radionuclide: _____ Activity: _____ (mCi) Compound: _____
Description: _____ Storage Temperature: _____
Current Activity: _____ (mCi) Currently Stored in Rm #: _____ Bldg: _____

ARU/PI Recipient Name: _____ (please print)
Department: _____ PO Box: _____ Phone #: _____
To be stored in Rm #: _____ Bldg: _____
I am currently authorized by the Radiation Safety Committee to possess the RAM.
Authorized User/PI Signature: _____ Date: _____

I Hereby Approve the Internal Transfer of the Radioactive Materials Cited Above in Accordance with all RSD Rules and Regulations, RSM, and Regulatory Requirements.

Stephen Root, Radiation Safety Officer Date _____