COLUMBIA UNIVERSITY
Environmental Health & Safety
www.ehs.columbia.edu

Radiation Safety Program
Medical Center - T: 212-305-0303 F: 212-305-0318
rsocumc@columbia.edu
Morningside - T: 212-854-8749 F: 212-316-4937
rso-ehrs@columbia.edu

AUTHORIZATION FOR EXTRAMURAL TRANSFER OF RADIOACTIVE MATERIAL

Please Submit in Duplicate to: **The Radiation Safety Program.**

Authorization is requested for the transfer of: _____ of _____
(amount) *(isotope)*

To: _____, _____
(name of recipient) *(title)*

Institution and address: _____

Chemical and physical form of material to be transferred: _____

Anticipated date of transfer: _____

Specify means of transportation: _____

NRC/State/City License Number of Transferring Institution: _____

License Expiration Date of Transferring Institution: _____

Responsible Investigator and/or Management Representative at Transferring Institution:

_____

Signature(s): _____ Date: _____

NRC/State/City License Number of Recipient: _____

License Expiration Date of Recipient: _____

Authorized User at Receiving Institution: _____

Signature: _____ Date: _____

Radiation Safety Officer at Receiving Institution: _____

Signature: _____ Date: _____

THE REQUEST IS APPROVED

Date: _____ _____
Radiation Safety Officer

Revised May 2011