

## Transfer of Radioactive Material (Off Campus)

UCSD Environment, Health and Safety Isotope lab. Phone 858-534-6418 Fax 858-822-5524 Mail code 0035

This document and a shipping memo must be completed for all out bound shipments of radioactive material.  
Submit 1 week in advance of the desired ship date for domestic shipments, 2 weeks for international shipments.

Institution transferred from:

University of California San Diego  
Campus Services Complex Bldg E 119,  
La Jolla, CA 92093-0035

1339-37 \_\_\_\_\_ 12/31/2021  
Radioactive materials license No. & Exp. date

PI: \_\_\_\_\_ RUA: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_ Fax : \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\*  
Isotope: \_\_\_\_\_ Total MBq: \_\_\_\_\_ Total mCi: \_\_\_\_\_ Index number \_\_\_\_\_

Chemical Form: \_\_\_\_\_ Physical form: (circle one) Solid / Liquid / Gas

Inner container(s): Quantity: \_\_\_\_\_ Type: (circle one) vial / ampoule / other (please state): \_\_\_\_\_

Shipping temperature: (circle one) Frozen (dry ice) Refrigerated (wet ice) Ambient (none)

Wipe test results (dpm/10cm<sup>2</sup>): \_\_\_\_\_ please provide printout from detection device.

For use in or incident to research, medical diagnosis, or treatment? (circle one) Yes / No

Subsidiary Hazard Type and Quantity: Infectious Substance \_\_\_\_\_

Biohazard \_\_\_\_\_

Hazardous Material \_\_\_\_\_

\*\*\*\*\*↓ Reserved for EH&S ↓\*\*\*\*\*

Outer package: Type : \_\_\_\_\_ Wipe test (dpm/300cm<sup>2</sup>): \_\_\_\_\_ mR/hr.: contact/1m \_\_\_\_\_ / \_\_\_\_\_

DOT proper shipping name, hazard class, I.D. number: \_\_\_\_\_

Label: Ltd Qty W I / Y II / Y III T.I. \_\_\_\_\_ UCSD Shipping memo number: \_\_\_\_\_

US Census Bureau Schedule B description(s) and I.D. number(s): \_\_\_\_\_

UCSD agent: Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

UCSD affiliates desiring a transfer complete the top two sections. All spaces must be acknowledged.  
Provide a means & point of contact to the "institution transferred to" column then fax to the UCSD Isotope lab.  
1 copy to each individual signing this document.