

## APPENDIX M – OFF-CAMPUS TRANSFER OF RADIOACTIVE MATERIAL FORM

<b>SOURCE INFORMATION</b>	
Date	
Isotope	
Source Description	
Serial Number(s)	
Activity	
Activity Reference Date	
Current Location	
Current Authorized User	
Expected Transfer Date	
Expected Return Date	
Additional Information	
<b>RECIPIENT INFORMATION</b>	
Organization Name	
Organization Address	
Organization Contact	
Contact Telephone	
Contact E-mail	
<b>SIGNATURES</b>	
Authorized User: _____	Date: _____
Radiation Safety Officer: _____	Date: _____
<b>RSO USE ONLY</b>	
Organization Type: <input type="checkbox"/> Original Vendor <input type="checkbox"/> Non-vendor Copy of non-vendor radioactive material license obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No Letter received from non-vendor for transfer of material to its radioactive material license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date source returned to WKU:	
Notes:	