



Radioactive Material Transfer Request Radiation Protection Service

This request form for all off-campus radioactive material shipments or transfers at least one week ahead of the intended transport date to daniel.cardenas@utoronto.ca.

PART A – Consignor (sender) Information

Permit Holder: _____ Phone: _____ E-mail: _____

Permit Number: _____ Date: _____

Isotope: _____ Activity (MBq): _____

Chemical Name: _____ Physical Form: _____

Shipping Temp: Frozen (dry ice) Ambient Other: _____

Intended Use: Research Treatment Other: _____

Number of Inner Containers: _____ Container Type: Vial Other:

Wipe Test per Container (Bq/cm²): _____

Transport Mode: _____ Date of Transport: _____

Address:

PART B – Consignee (destination) Information

Consignee Name: _____ E-mail: _____

Phone: _____

Address:

For EHS Radiation Protection Service use only

Consignee Licence Number: _____ Expiry Date: _____

Consignee RSO: _____ E-mail: _____

Approved by:

U of T RSO (Signature): _____ Date: _____