



**RADIOACTIVE MATERIALS SHIPPING FORM**  
**Shipment from one UCSF Campus to another**  
**Please print or type**

<b>From:</b>				<b>To:</b>				
1)UCSF PI Name: _____ PI RUA#: _____				2) UCSF PI Name: _____ PI RUA#: _____				
1a) Origin Address: _____ _____				2a) Destination Address: _____ _____				
3) LAB RELEASE: The following describes the item(s) I am offering for transport to the best of my abilities, and I authorize the transfer of the described isotope(s) to the investigators listed here.  Name Print/Signature _____  Title _____ Date _____				11) UCSF Destination Lab Received by:  Print Name _____ Date _____  Signature _____				
4) Radionuclide	5) Chemical Form	6) Physical Form	7) Mass./ Volume	8) Activity in TBq (1 mCi= 3.7 x 10 <sup>-5</sup> TBq)		A1/A2	A1/A2 Fraction (Activity divided by A1/A2 value)	
				in mCi	TBq			
				Total (TBq):		Sum of Fractions:		
9) ANCILLARY HAZARDS:				10) Receipt Instructions: (check one) <input type="checkbox"/> Water Ice <input type="checkbox"/> Dry Ice <input type="checkbox"/> Refrigerate on arrival <input type="checkbox"/> None				
<b>Gray areas are for OEH&amp;S use only</b>								
<b>PACKAGING</b> Internal <input type="checkbox"/> Lead Pig(s) <input type="checkbox"/> Glass Bottle(s) <input type="checkbox"/> Liquid Absorbent <input type="checkbox"/> Poly Bag(s)    Specification: <input type="checkbox"/> Metal Can(s) <input type="checkbox"/> Poly Bottles(s) <input type="checkbox"/> Shock Absorbent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Type A <input type="checkbox"/> Type B(    ) External <input type="checkbox"/> Strong, Tight Package <input type="checkbox"/> 17H Drum <input type="checkbox"/> 7A Fiberboard Box <input type="checkbox"/> Wooden Crate <input type="checkbox"/> Other _____ <input type="checkbox"/> Security Seal    Size: _____    Weight: _____ <input type="checkbox"/> Other: _____								
<b>SURVEY</b> <b>Removable Contamination</b>  Background: _____ CPM Interior: _____ CPM/100 <sup>2</sup> Exterior: _____ CPM/100 <sup>2</sup>			<b>External Dose Rate</b>  Background: _____ mR/hr Surface: _____ mR/hr 3 Feet: _____ mR/hr  TI: _____			<b>TRANSPORT AUTHORITY</b> <input type="checkbox"/> DOT (USA&CANADA Road Transport) <input type="checkbox"/> IATA (International, all FEDEX)		
			<b>RESTRICTIONS</b> <input type="checkbox"/> Route Controlled Quantity <input type="checkbox"/> Vehicle Placarding Required					
			<b>CERTIFICATIONS</b> <input type="checkbox"/> Aircraft <input type="checkbox"/> Rail <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Ship					
<b>LABELS</b> <input type="checkbox"/> White- I* <input type="checkbox"/> None <input type="checkbox"/> Yellow – II* <input type="checkbox"/> Empty <input type="checkbox"/> Yellow – III * *Dangerous Goods Form Required for Air transport			<b>MISCELLANEOUS</b> <input type="checkbox"/> Cargo Aircraft ONLY <input type="checkbox"/> Other: _____ <input type="checkbox"/> NO Aircraft Carriage <input type="checkbox"/> Package Orientation Arrows <input type="checkbox"/> Other: _____					
<b>Markings</b> External <input type="checkbox"/> NONE <input type="checkbox"/> Weight <input type="checkbox"/> Container#: _____ <input type="checkbox"/> Proper Shipping Name and UN number (write out below) _____ <input type="checkbox"/> USA DOT TYPE A <input type="checkbox"/> USA DOT TYPE B <input type="checkbox"/> UN number alone for excepted packages <input type="checkbox"/> Other: _____ Internal <input type="checkbox"/> Caution Radioactive Material <input type="checkbox"/> Exempt – Limited Quantity Notice								
This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled, and is in proper condition for transportation according to the applicable regulations of the Department of Transportation.				<b>EH&amp;S SHIPPING APPROVAL</b>				
				Date _____		Signature _____		
				Title _____				
EHS Inspection on arrival at destination: Condition of package: <input type="checkbox"/> Undamaged <input type="checkbox"/> Damaged Note Damage: _____				Removable Contamination Background: _____ CPM    Interior: _____ CPM/100 <sup>2</sup> Exterior: _____ CPM/100 <sup>2</sup>  External Dose Rate Background: _____ mR/hr    Surface: _____ mR/hr    3 Feet: _____ mR/hr				
EH&S Technician Initials: _____								