ILLINOIS STATE UNIVERSITY RADIATION SAFETY COMMITTEE Chairman/ RSO: John Goodman

LICENSED MATERIAL TRANSFER REPORT

Material being transferred from:			
Institution:			
Individual:			
Address:			
City:	State:	Zip:	
Phone Number:			
Radioactive material license number	r (include state name): _		
Material to be transferred to:			
Institution:			
Individual:			
Address:			
City:	State:	Zip:	
Phone number:		_	
Radioactive material license number	r (include state name): _		
Material to be transferred:			
Isotope Amount (mCi) Chemical Fo	<u>orm</u>		
Method by which the transfer will o	ccur:		

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LICENSED MATERIAL TRANSFER REPORT

Approval of ISU's	
Radiation Safety Committee:	Date:
Approval of other Agency's:	Date:
Radiation Safety Committee:	Date:
Transferred by	Date:
Received by:	Date: