



CARLSBAD ENVIRONMENTAL MONITORING & RESEARCH CENTER

NEW MEXICO STATE UNIVERSITY
1400 UNIVERSITY DRIVE, CARLSBAD, NEW MEXICO 88220

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Radioactive Material Order / Transfer Form

(PLEASE TYPE OR PRINT TO COMPLETE FORM)

VENDOR / TRANSFEROR INFORMATION

Vendor / Transferor Name	
Address	
Telephone Number	

AUTHORIZED USER INFORMATION

Authorized User (AU) Name <i>(Print)</i>	
AU Signature & Date	
Telephone Number	
Email Address	
Use / Storage Room #	
Form Completed By <i>(AU signature is required)</i>	

SOURCE INFORMATION (Attach additional sheets if necessary)

Isotope	Isotope Activity (uCi)	Form (Solid / Liquid)	Description (Chemical composition, volume, mass, serial number, etc.)

(To be completed by Radiation Safety)

Approved by (RSO or Authorized Designee Signature)	Date Approved:
Received by (RSO or Authorized Designee Signature)	Date Received: