



# DU/DUMC Radiation Safety Division

## Radioactive Material Shipment Request



**Instructions:** Fill in all requested information below, then email to Radiation Safety at: radsafety@dm.duke.edu  
If you have questions or need further information, contact Radiation Safety at 919-684-2194.

<b>I. Requestor Information</b>				Date Submitted:	
				Planned Ship Date:	
Requestor Name		Phone	fax	e-mail	
Authorized User		Carrier (e.g. Airborne or FedEx)			
Location (Bldg/room) of Material		Note: Radiation Safety does not pay for shipping			
<b>II. Receiving Institution</b>					
To (Institution)		Institution Contact Person		Phone	
Street Address		Institution Radiation Safety Officer		Phone	
City	State	ZIP			
Attention: (Name/Dept)					
<b>III. Material</b>					
Nuclide	Activity (mCi)	Physical Form	Chemical Form (including solvent)	Total volume/mass	Storage Temp
		<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas		_____ <input type="checkbox"/> ml <input type="checkbox"/> g	<input type="checkbox"/> Frozen [Dry Ice] <input type="checkbox"/> Refrigerated <input type="checkbox"/> Room
		<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas		_____ <input type="checkbox"/> ml <input type="checkbox"/> g	<input type="checkbox"/> Frozen [Dry Ice] <input type="checkbox"/> Refrigerated <input type="checkbox"/> Room
		<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas		_____ <input type="checkbox"/> ml <input type="checkbox"/> g	<input type="checkbox"/> Frozen [Dry Ice] <input type="checkbox"/> Refrigerated <input type="checkbox"/> Room
		<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas		_____ <input type="checkbox"/> ml <input type="checkbox"/> g	<input type="checkbox"/> Frozen [Dry Ice] <input type="checkbox"/> Refrigerated <input type="checkbox"/> Room
		<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas		_____ <input type="checkbox"/> ml <input type="checkbox"/> g	<input type="checkbox"/> Frozen [Dry Ice] <input type="checkbox"/> Refrigerated <input type="checkbox"/> Room
Is this material intended for medical or research use?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does this shipment contain any biohazards material?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>IV. Special Instructions</b>					

**Requestor Signature:** \_\_\_\_\_