

## **REGISTRATION PROCEDURE FOR INTERNAL TRANSFER OF RADIOACTIVE ISOTOPES**

### I. Authorized User **receiving** the transfer.

Complete the *REGISTRATION FOR PURCHASE OF RADIOACTIVE MATERIAL* Form as follows:

- a. Enter name of authorized user who will receive the transfer.
- b. Check the Internal Transfer Box and enter the date of the transfer in the Registration Date Box.
- c. Fill in name of Original User. This is the Authorized User **from whom the transfer is obtained.**
- d. Assign the new ID number as follows:  
Fill in the ID number that was assigned by the Original User and add the initials of the Receiving Authorized User and a single number such as 1,2,3, etc., which indicates whether this was the first, second, third, etc. transfer from the specified source. **This is important because more than one transfer may take place from the same source.**
- e. Fill in all other information as follows:  
Enter the Isotope and Chemical Form, the Quantity of transferred material in  $\mu\text{Ci}$  decayed to the day of the transfer and Phone numbers of Receiving Authorized User.

### II. Original Authorized User **transferring** the radioactive material.

Fill out the *RADIOISOTOPE DISPOSAL REPORT* as follows:

- a. Fill in the **original ID number, not the new one assigned by the Receiving Authorized User.**
- b. Fill in the amount in  $\mu\text{Ci}$  in the column *To another authorized MU User*. The amount must be decayed to the date of transfer and must be the same as the amount indicated by the Receiving Authorized User on the Registration Form that was filled out by the Receiving Authorized User.
- c. Fill in the name of the Receiving Authorized User in the *Name of User* column.
- d. Fill in the rest of the form as follows:
  - Name of Authorized User: This should be the name of the Original Authorized User. This is the person who is making the disposal.
  - Date of this Report: This should be the date of transfer and should be the same as the registration date on the *REGISTRATION FOR PURCHASE OF RADIOACTIVE MATERIAL* Form filled out by the Receiving Authorized User.
  - Printed name of person completing this report and signature: Print the name of the individual who completed the Disposal Form and sign the form.

### III. Mail or Fax both forms together to the Office of Research Compliance (Fax#: 8-6281)

## EXAMPLE

Dr. John A. Doe received 500  $\mu\text{Ci}$  of  $^{32}\text{PATP}$  from NEN on June 21, 2004. The activity of the solution was 1  $\mu\text{Ci}/\mu\text{l}$  on June 21, 2004. Dr. Doe assigned the following ID number to the source: JADATPP32xxNEN062104.

On July 5, 2004, Dr. Jane D. Smith decides to request an internal transfer of  $^{32}\text{PATP}$  from Dr. Doe and sends her graduate student, Pat W. Newcomer to obtain the sample and complete the necessary forms. Pat goes to Dr. Doe's laboratory and transfers 50  $\mu\text{l}$  from JADATPP32xxNEN062104. Forms should be filled out as follows:

### *REGISTRATION FOR PURCHASE OF RADIOACTIVE MATERIAL Form:*

**Authorized User:** Jane D. Smith  
**Department:** Dr. Smith's Department  
**Vendor:** Internal Transfer  
**Isotope and Chemical Form:**  $^{32}\text{P}$  Adenosine Triphosphate  
**Registration Date:** 07/05/2004  
**PHONE:** Home: Dr. Smith's home phone  
Office: Dr. Smith's office phone  
**Original User:** Dr. John A. Doe  
**Quantity:** 25  $\mu\text{Ci}$  (The source has gone through exactly one half-life and therefore the 50  $\mu\text{l}$  contains only 25  $\mu\text{Ci}$ .)

ID NUMBER ASSIGNED: JADATPP32xxNEN062104jds1

The jds stands for Dr. Smith's initials and the number 1 indicates that it was the first transfer from JAD to JDS from that source. If this had been the second transfer, then the end number would have been 2.

### *RADIOISOTOPE DISPOSAL REPORT Form:*

**Source ID #:** JADATPP32xxNEN062104  
**Quantity Disposed Of in  $\mu\text{Ci}$ :** Enter 25  $\mu\text{Ci}$  in the column *To another authorized MU User*  
**Name of User:** Dr. Jane D. Smith  
**Complete the bottom portion of the Form as follows:**  
**Name of Authorized User:** John A. Doe  
**Date of this Report:** 07/05/2004  
**Printed name of person completing this report:** Pat W. Newcomer  
**Signature:** Signature of Pat W. Newcomer

FINAL STEP: Mail or Fax both forms together to Office of Research Compliance(Fax#: 8-6281)