

The University of Texas
Southwestern Medical Center at Dallas

RADIOISOTOPE INVENTORY ACCOUNTABILITY FORM

Sublicensee: _____ Department: _____ Room #: _____ Phone #: _____

For inventory purposes activity shall be based on date of receipt with no decay taken into account

Radioactive Material Received (One form for each stock vial)								
Date	Isotope	Total Activity (mCi)	Total Volume (uL)	Specific Activity (mCi/uL)	Compound	Vendor	Batch, Lot or Serial #	Initials

Radioactive Material Use, Transfer, or Disposal							
Date	Amount Used: Activity (mCi) or Volume (uL)	Amount Remaining: Activity (mCi) or Volume (uL)	Disposal (mCi or uL)				Initials
			Transfer Out	Waste			
				Solid	Liquid	Animal	