Stock Radioactive Material Inventory Form

Container Number: _____ Radionuclide: ^{32}P ^{35}S ^{125}I ^{3}H ^{14}C _____
(Circle or write on line)

Receipt Date: _____

Original Activity: 250 µCi 500 µCi 1 mCi Other: _____ (Circle one or write on line)

Concentration (µCi/µl) _____

Total Original Volume (µl) _____

Date Used	Used by	Amount Used (in µCi or µl) (circle one)	Amount Remaining (in µCi or µl) (optional)	

Vial Disposal Date:_____