Isotope Use Record Sheet

Purdue University R&EM Radiological & Environmental Management

Project Director: _____ **Assay Date**: _____

Reference Number: _____ **Authorization Number:** _____

Isotope: _____ **Concentration (mCi/ml):** _____ **Specific Activity (Ci/mmole):** _____

Volume Received: _____ (Check One) ☐ µL ☐ ml **Activity Received:** _____ (Check One) ☐ µCi ☐ mCi

Date Used	Amount Used in Activity* (Check One) ☐ µCi ☐ mCi	Amount Used in Volume (Check One) ☐ µL ☐ ml	Initials

***Note:** REM does not require you to use this column. It is optional. This column can be filled out in conjunction with or in lieu of volume column. However, if you decide to fill out this column, please indicate below whether you have accounted for decay or not.

Accounted for Decay: ☐ **Yes** ☐ **No**