

## I-131 <u>RECEIPT/INVENTORY</u> LOG

RAM LICENSE NO.							Page	
FACI	LITY:							
DATE	PATIENT NUMBER OR NAME	Receipt/In-coming Shipping Survey in uR/hour			TOTAL RADIOACTIVITY	DISPOSITION (radioactivity placed into DIS)	DATE ADMINISTERED/ DATE PATIENT	Initials of
		BKG	TOTAL	NET	RECEIVED (in millicuries)	into DIS)	RETURNED TO OWNER	Authorized User

Reminders: Use only the calibrated survey onsite to survey.

If using different nuclear pharmacy, list name in Total radioactivity column, attached shipping papers.

Signature of RSO and date when form COMPLETED: