### UNBOUND RADIOIODINE INVENTORY CONTROL FORM

#### LOCATION
- Permit Number: ______________
- Permit Holder: ______________
- Lab number: ______________
- Storage location: ______________
  - 1 Vial/Kit or sample set per control sheet

#### RADIOISOTOPE
- Isotope: ______________
- Product: ______________
- Supplier: ______________
- Total activity: ______________
- Volume: ______________
- I.D. #: ______________

#### SHIPMENT
- Date received: ______________
- Received by: ______________
- Package information verified on receipt: __________ (initials)
- Package checked for Contamination: __________ (initials)

Record and report any anomalies to the Project Supervisor and Health Physics.

<table>
<thead>
<tr>
<th>Date</th>
<th>Quantity used Units____</th>
<th>Quantity remaining Units____</th>
<th>Disposal($\mu$Ci or KBq)</th>
<th>Thyroid Screening</th>
<th>User's Initials</th>
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<td>Solid</td>
<td>Net Count (1 minute)</td>
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Product holder (i.e. lead/plastic) checked for radioactive contamination and provided to Health Physics.

Final date of disposal: ______________________________       Initials: __________________