



Radiological Sample Shipment Guidelines

Use this checklist to properly ship Radiological samples to GEL

When: Notify GEL of Proposed Shipment 2 Days Prior to Shipping

All samples considered radioactive must be approved prior to shipment. GEL must have data to support its South Carolina Radioactive Material License.

Who: Provide Radiological Shipment Information:

When notifying GEL email both GEL's RSO (RSO@gel.com) and your Project Manager's team email address. Provide the data used to classify the shipment including a list of isotopes, activity, and dose rate. For multiple samples, provide the activity break-down per sample. The table on page 2 can be used if your company does not have a template.

What next: GEL Reviews and Approves Proposed Samples

Allow 24 hours for GEL's RSO to review sample activity provided and respond to you about GEL's ability to accept your sample(s).

How: Include Chain of Custody AND Radioactive Data in Shipment

Include a hard copy of the completed Chain of Custody and the supporting radioactive data previously provided to GEL inside the shipping container.

Where: Include Return Shipment Information for Returning Container

Provide name, address, and contact information for GEL to return the shielded shipping container if you want it returned. Lead liners or custom packing materials to be returned should be clearly identified.

Shipping Address for GEL:

Receiving Department 2040 Savage Road Charleston SC, 29407 843-556-8171





Radiological Sample Shipment

Date:	<u>Client Name:</u>		Requestors Name:		
Receivers Address:	Requested Shipping Date:		Requestors Email:		
GEL Laboratories Receiving Dept.	Project Name/Shipment ID:		Requested Phone Number:		
2040 Savage Road			Alternate Project Contact:		
Charleston SC, 29407	COC:		1		
Project Manager:	Total No. of Packages:		1		
PM Email:	Gross Weight of Pack				
List Major Contributing Isotopes with Activity And/Or Dose Rate Per Sample (Use Multiple Lines per Sample as needed)					
Sample ID:	Matrix:	Sample Weight:	Isotope of Concern:	Activity:	Dose:
	<u> </u>				
	<u> </u>				
	<u> </u>				
	<u> </u>				
	<u> </u>			<u> </u>	
	<u> </u>			<u> </u>	
	 	 	 	<u> </u>	
			<u> </u>		
	 		+	 	
	 		+	 	
			-	 	-
	+	+	+	+	-
	 		+		
	+	 	+	 	
	<u> </u>	 	+	+	1
	+	+	+	+	
	†	<u> </u>	+	1	
	†		-		
	†	+	+		
Temperature Control Required?	Return Shipping Con	tain <u>er Information (includi</u>	ing contact name and number):	<u>.</u>	
No Yes If Yes,°C					
List any Additional Hazards (Flammables, Corrosives, Explosives, Oxidizers, Poisions, Combustibles, Peroxides, Nitrates, Acids Used as					
Preservatives, Oils, RCRA Waste Codes, Asbestos, PCBs, etc.) State Quantities, Concentration, pH, Flash Point, etc.					