



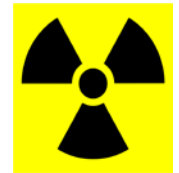
**DECLARATION AND RECEIPT OF RADIOACTIVE
WASTE FOR SUBMISSION TO THE WASTE ROOM
REGION VÄSTERBOTTEN, CMTS**



<u>Sender:</u> Umeå universitet 901 87 UMEÅ Unit:	<u>Receiver:</u> Region Västerbotten CMTS <u>Date:</u>	<u>Submitted by:</u>
<u>Isotope:</u> <u>Activity:</u>	CMTS, Measured surface activity: Comment:	
Documents must be completed in duplicate		
<u>Sender:</u> _____	<u>Receiver:</u> _____	
name clarification _____	name clarification _____	
Phone number: _____	Phone number: _____	



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