



June 2, 2000

Jackie Cook
U.S. Nuclear Regulatory Commission
Region V
611 Ryan Plaza Drive, Suite 400
Arlington, TX
76011

Dear Ms Cook;

UroCor, Inc. (License # 35-27508-01) has decided to discontinue its use of radioactive isotopes in its research group and would like to terminate its NRC license. Attached, please find a copy of NRC Form 374 stating that no additional radioactive material remains at UroCor and that swipe tests show that no residual radioactivity remains. As a matter of fact, the last use of radioisotopes at UroCor was ^{32}P in September of 1999, which was over 20 half lives ago. The other isotopes licensed by UroCor were ^{33}P and ^{35}S . These isotopes have not been used for even longer.

The enclosed swipe test results examined all drains, equipment, work spaces and the surrounding floors where radioisotopes were used or stored. I have included a photocopy of a page from my notebook indicating where all swipe tests were taken as well as a photocopy of the results. These clearly show no residual radioactive contamination. Also enclosed is a receipt for the disposal of the last $60\mu\text{Ci}$ of ^{35}S that was in Decay in Storage.

I hope that this is enough documentation for you to cancel UroCor's license and release the space for general use. Thanks for your consideration. Also, Jackie, its been great interacting with you over the last five years. Thanks for everything.

Sincerely,

A handwritten signature in cursive script that reads 'David Ralph'.

David Ralph
RSO, UroCor, Inc.
(405) 290-4203

NRC FORM 314 (6-95) 10 CFR 30.36(c)(1)(iv) 10 CFR 40.42(c)(1)(iv) 10 CFR 70.38(c)(1)(iv)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0028	EXPIRES: 06/30/98
CERTIFICATE OF DISPOSITION OF MATERIALS			
INSTRUCTIONS: ALL ITEMS MUST BE COMPLETED -- PRINT OR TYPE SEND THE COMPLETED CERTIFICATE TO THE NRC OFFICE SPECIFIED ON THE REVERSE			

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS MANDATORY INFORMATION COLLECTION REQUEST: 30 MINUTES. THIS SUBMITTAL IS USED BY NRC AS PART OF THE BASIS FOR ITS DETERMINATION THAT THE FACILITY HAS BEEN CLEARED OF RADIOACTIVE MATERIAL BEFORE THE FACILITY IS RELEASED FOR UNRESTRICTED USE. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (T-9 F33), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555-0001, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0028), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503. AN AGENCY MAY NOT CONDUCT OR SPONSOR, AND A PERSON IS NOT REQUIRED TO RESPOND TO, A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A CURRENTLY VALID OMB CONTROL NUMBER.

LICENSEE NAME AND ADDRESS UroCor, Inc 840 Research Parkway Oklahoma City, OK 73104	LICENSE NUMBER 35-27508-01 LICENSE EXPIRATION DATE March 31, 2005
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A. MATERIALS DATA (Check one and complete as necessary)

THE LICENSEE OR ANY INDIVIDUAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE LICENSEE CERTIFIES THAT:
(Check and/or complete the appropriate item(s) below.)

1. NO MATERIALS HAVE EVER BEEN PROCURED OR POSSESSED BY THE LICENSEE UNDER THIS LICENSE.

OR

2. ALL ACTIVITIES AUTHORIZED BY THE LICENSE HAVE CEASED AND ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSE NUMBER CITED ABOVE HAVE BEEN DISPOSED OF IN THE FOLLOWING MANNER: *(If additional space is needed, use the reverse side or provide attachments.)* All purchase of new material was discontinued on 9/1/99.

Describe specific material transfer actions and, if there were radioactive wastes generated in terminating this license, the disposal actions including the disposition of low-level radioactive waste, mixed waste, Greater-than-Class-C waste, and sealed sources, if applicable.

For transfers, specify the date of the transfer, the name of the license recipient, and the recipient's NRC license number or Agreement. State name and license number.

The last remaining 60µCi of ³⁵S that was in decay in storage was transferred to the Oklahoma Health Sciences Center, Office of Radiation Safety (#35-03176-05) on 5/11/00.

If materials were disposed of directly by the licensee rather than transferred to another licensee, licensed disposal site or waste contractor, describe the specific disposal procedures (e.g., decay in storage)

³²P and ³³P waste was permitted to decay in storage with a minimum of 14 half lives.

B. OTHER DATA

1. OUR LICENSE HAS NOT YET EXPIRED; PLEASE TERMINATE IT.

2. A RADIATION SURVEY WAS CONDUCTED BY THE LICENSEE TO CONFIRM THE ABSENCE OF LICENSED RADIOACTIVE MATERIALS AND TO DETERMINE WHETHER ANY CONTAMINATION REMAINS ON THE PREMISES COVERED BY THE LICENSE. *(Check one)*

NO *(Attach explanation)*

YES, THE RESULTS *(Check one)*

ARE ATTACHED, or

WERE FORWARDED TO NRC ON *(Date)*

3. THE PERSON TO BE CONTACTED REGARDING THE INFORMATION PROVIDED ON THIS FORM	NAME David Ralph	TELEPHONE NUMBER <i>(Include Area Code)</i> 405-290-4203
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4. MAIL ALL FUTURE CORRESPONDENCE REGARDING THIS LICENSE TO

Dr. Robert Veltri
UroCor, Inc
840 Research Parkway, Oklahoma City, OK 73104

CERTIFYING OFFICIAL

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

PRINTED NAME AND TITLE David Ralph RSO	SIGNATURE 	DATE 6/2/2000
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WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECTS. 18 U.S.C. SECTION 1001 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTIONS.

Checklist for Pick-up of Radioactive Waste

Radiation Safety Office

(One form per container)

In order for the Radiation Safety Office to properly dispose of the radioactive waste your department generates, we must have the waste properly identified and characterized. A completed checklist will be required with each radioactive waste pick-up.

1. What radioisotopes(s) does this waste contain?

135 60 μCi _____ μCi _____ μCi
 isotope isotope isotope

2. What is the matrix of this waste?

solid % composition of solid waste: 26 % paper, 80 % plastic, _____ % (other)
 liquid _____ gallons Disinfectant added? * yes no Identify: _____

*Disinfectant should be added to cell growth media, do not add bleach to I-125 or S-35 compounds!
 * Contact the Environmental Health and Safety Office at 1-3000 if there are any questions.

Additional notes: _____

3. If liquid or mixed waste, please list the **chemical names** (not brand names) of the liquids present. Chemical names can be obtained from Material Safety Data Sheets (MSDSs). Chemical mixtures must have the 5 most prevalent chemicals above 1% listed. If the liquid is biological in nature rather than chemical, please identify this with a brief description.

If scintillation fluid: Name _____ Company _____

<u>% Volume</u>	<u>Chemical Name</u>	<u>CAS #</u>	<u>Hazard</u>
<u>P.O. RA 360</u>			

4. Does this waste contain any untreated biomedical waste? yes no

Please ensure that only **untreated** biomedical wastes are stored in red or orange bags. No other waste should go in these bags. Please re-bag any treated biomedical waste in an unlabeled bag.

I hereby verify that the information provided is a true and accurate representation of the waste provided to the Radiation Safety Office.

Signed Davis Stahl Telephone _____

To be completed
by lab
personnel

ML Holder _____ ML# _____

Department Uro Cur

To Be Completed by the Radiation Safety Office Representative 00097

Gary Bal 5-11-00
 Radiation Safety Office Representative Date

Survey (mrem/hr) 0.02 backgrd. 0.02 surface 0.02 1 meter Solid Waste 3FT3 Volume (cu. ft.) 14 Weight (lb)

If you have any questions regarding the chemical or biomedical aspect of this questionnaire, contact the Environmental Health and Safety Office (1-3000). If you have any questions regarding the radioactive aspect of this questionnaire, contact the Radiation Safety Office (1-6121).



The University of Oklahoma

Health Sciences Center

RADIATION SAFETY OFFICE

MEMORANDUM

TO: UROCOR

FROM: GREG BAKER *GB*
Technical Assistant

DATE: 5-18-00

SUBJECT: AREA WIPE TEST

The University of Oklahoma Health Sciences Center, Radiation Safety Office, has counted the sample dated 5-18-00.

The sample was counted using a Packard Tri-Carb LSA, Model 2500, Serial #401215. A window setting of 2701710 keV was used with an efficiency of 30% for one (1) minute each. All samples were well below the 200 dpm trigger level for 100 cm² area wiped. The results are attached.

These results have been reviewed by the Radiation Safety Officer.

b:misc.disc/wipe.js

Ernie Sharp

**OUHSC Radiation Safety Office
Weekly Wipe Survey Form**

Location Surveyed: UR0COR

Date: 5-18-00

Sample #	Packard Cobra II, Auto-Gamma (Ser # 401229)			Packard LS 2500 TR (Ser # 401215)		
	Window: 15 - 2000 keV, Count time: 5 min			Window: 5 - 2000 keV, Count time: 5 min		
	cpm	net dpm	net dpm > 200/100 cm2	cpm	net dpm	net dpm > 200/100 cm2
1				0.0	0	ND
2				0.0	0	ND
3				0.8	0.9	ND
4				9.8	10.9	ND
5				0.0	0	ND
6				2.8	3.1	ND
7				3.8	4.2	ND
8				6.8	7.6	ND
9				0.9	1.0	ND
10				6.8	7.6	ND
11				0.0	0	ND
12				1.8	2.0	ND
13				0.8	0.9	ND
14				9.8	10.9	ND
15				0.0	0	ND
16				7.8	8.7	ND
17						
18						
19						
20						
21						
22						
23						
24						
25						

Protocol #: _____
 Background: _____ cpm (5 min)
 Efficiency: _____ %
 MDA: _____ uCi

Protocol #: 18
 Background: 9.2 cpm (10 min)
 Efficiency: 95 %
 MDA: 1.36E-6 uCi

Greg Bah
 Survey performed by

George W. Mc...
 Radiation Safety Officer review

Time: 1.00

Data Mode: CPM

Nuclide: MANUAL

Background Subtract: 1st Vial

	LL	UL	LCR	2S%	BKG
Region A:	2.0 -	167	0	0.0	9.20
Region B:	2.0 -	1710	0	0.0	14.10
Region C:	0.0 -	0.0	0	0.0	0.00

Quench Indicator: tSIE/AEC
 Ext Std Terminator: Count
 UROCOR P32 Wipe Test

(535)

S#	TIME	CPMA	DPM	CPMB	DPM
1	10.00	9.20	10.224	14.10	14.844
1 MISSING TUBE(S)					
3	1.00	0.00	0.000	0.00	0.000
4	1.00	0.00	0.000	0.00	0.000
5	1.00	0.80	0.887	0.00	0.000
6	1.00	9.84	10.935	7.94	8.360
7	1.00	0.00	0.000	0.00	0.000
8	1.00	2.80	3.109	0.00	0.000
9	1.00	3.80	4.220	2.90	3.051
10	1.00	6.80	7.554	4.90	5.156
11	1.00	0.91	1.012	0.00	0.000
12	1.00	6.80	7.554	3.90	4.103
13	1.00	0.00	0.000	0.00	0.000
14	1.00	1.80	1.998	0.90	0.946
15	1.00	0.80	0.887	1.90	1.998
16	1.00	9.80	10.887	8.90	9.367
17	1.00	0.00	0.000	0.00	0.000
18	1.00	7.80	8.665	8.90	9.367

Wm. Park

5/16/00

Storeroom	1.
Door knob out side	2.
Floor near liquid waste	3.
Door knob inside	4.
Light switches	5.
Floor Solid Waste	6.
Lab	7.
Hot sink counter	8.
Hot sink	9.
Hot sink f/oon	10.
Hot Room	11.
Door knobs in d out	12.
floor in front of work space	13.
Hyb over #1 in d out	14.
Wash spec.	15.
Hyb over #2 in d out	16.
floor by sink	17.
get work status	18.
dress & sink	19.