



IMMUNICON

RECEIVED  
REGION 1

6/7/04

'04 JUN -8 P2:04

NM562

To: Nuclear Regulatory Commission

03022159

RE: Notification of Terminate of Immunicon's Materials License Number 37-20963-01:  
Annual Materials Fee

Dear NRC,

Immunicon is going to terminate its use of radioisotopes effective June, 30 2004. This date coincides with our annual materials fee, which will not be paid, as it will not longer be required. We are scheduling a decommissioning survey through Porter consultants, Inc., (Certified Health Physicist, Ph# 610 896-5353) during the month of June. Thank you for your attention to this matter.

*Shawn Mark O'Hara*

S. Mark O'Hara, Ph.D.  
Radiation Safety Officer  
Immunicon Corp.  
3400 Masons Mill Rd.  
Huntingdon Valley, PA 190-06  
Ph215 830-0777, x-103

135124

NMSS/RGNI MATERIALS-002

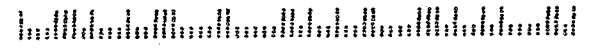
135124

*S. M. O'HARA*  
**IMMUNICON**  
3401 Masons Mill Road, Suite 100  
Huntingdon Valley, Pennsylvania 19006



*DNMS*  
*475 Allendale Rd.*  
*King of Prussia 19406*

19406+1431



This is to acknowledge the receipt of your letter/application dated

6/7/2004, and to inform you that the initial processing which includes an administrative review has been performed.

TEAM. 37-26863-01 There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card

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A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 135124.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (R1)  
(6-98)

Sincerely,  
Licensing Assistance Team Leader

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: Program Code: 03620  
: Status Code: 0  
: Fee Category: 3M  
: Exp. Date: 20120630  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Req'd: N  
: .....

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: IMMUNICON CORPORATION  
Received Date: 20040607  
Docket No: 3022159  
Control No.: 135124  
License No.: 37-20963-01  
Action Type: Termination

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: \_\_\_\_\_

3. COMMENTS

Signed W. A. Perkins  
Date 6/9/04

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /\_\_\_/)

1. Fee Category and Amount: \_\_\_\_\_

2. Correct Fee Paid. Application may be processed for:

Amendment \_\_\_\_\_  
Renewal \_\_\_\_\_  
License \_\_\_\_\_

3. OTHER \_\_\_\_\_

Signed \_\_\_\_\_  
Date \_\_\_\_\_