

GENETICS & IVF INSTITUTE

3020 Javier Road Fairfax, Virginia 22031

RECEIVED
REGION 1

December 8, 2004

'04 DEC 13 P1:11

Mr. Brian Parker
US Nuclear Regulatory Commission
Division of Nuclear Materials Safety
Region I
475 Allendale Road
King of Prussia, PA 19406

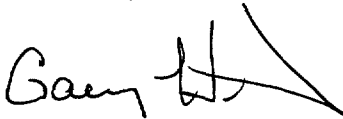
03030324

Re: License number 45-24960-01

Dear Mr. Parker,

Thank you for your help this past year in bringing our NRC license up-to-date. I am writing this letter to inform you that we will not be renewing our Radioactive Materials Use license for the year 2005 (invoice # AM0775-05). All laboratories at Genetics & IVF Institute have ceased to use radioactive materials. Please feel free to contact me with any questions you may have regarding our license.

Sincerely yours,



Gary Harton, BS, TS(ABB)
Laboratory Director
Preimplantation Genetic Diagnosis
703-698-3992
gharton@givf.com

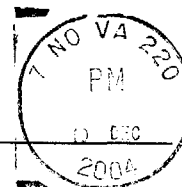
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NMSS/RGNI MATERIALS-002

PGD Lab

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Division of Nuclear Materials Safety
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King of Prussia, PA 19406

19406+1431



136127

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

12/8/2004, and to inform you that the initial processing which includes an administrative review has been performed.

☒ TEAM 45-24960-01
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

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** 136127.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS

: -----
:
: Program Code: 02410
: Status Code: 0
: Fee Category: 3P
: Exp. Date: 20080731
: Fee Comments: IN-VITRO
: Decom Fin Assur Reqd: N
: ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: GENETICS AND IVF INSTITUTE
Received Date: 20041210
Docket No: 3030324
Control No.: 136127
License No.: 45-24960-01
Action Type: Termination

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed Mr. C. Perkins
Date 12/15/04

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 _____