

CONVERSATION RECORD
(time) (date)

TIME | DATE
| 3/1/05

VISIT CONFERENCE TELEPHONE X

 INCOMING
 OUTGOING

NAME OF PERSON(S) CONTACTED OR IN CONTACT ORGANIZATION (OFFICE, DEPT. ETC.) TELEPHONE NO
April Chance Mallinckrodt 314-654-~~7444~~ 7960

SUBJECT
Additional info for amendment - C/N 314133

SUMMARY

Please review NUREG-1556, volume 13 for radiopharmacy licenses and submit additional info for processing/compounding I-131, e.g., facilities and equipment, additional radiation safety procedures, etc.

ACTION REQUIRED
Submit a written response.

NAME OF PERSON DOCUMENTING CONVERSATION SIGNATURE DATE
Kevin Null *Kevin A. Null* 3/1/05

ACTION TAKEN

SIGNATURE TITLE DATE