VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Cassandra Frazier

SUBJECT: VOIDED APPLICATION

Control Number:

Applicant:

315075

Covance Clinical Research Unit, Inc.

1/30/06

License Number:

<u>13-26640-01</u> 030-33820

Docket Number:

Date Voided:

Reason for Void:

Action Combined with renewal application Control Number 314703.

Date

Signature

Attachment: Official Record Copy of Voided Action

FOR LFMB USE ONLY

_____ Refund Authorized and processed

____ No Refund Due

_____ Fee Exempt or Fee Not Required

Comments:		Log
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Log completed ____

Processed by: