



Eastside Cardiovascular Medicine, P.C.

Specializing In All Aspects of Cardiovascular Medicine

Vamshidhar Guduguntla, M.D.
Sohail Hassan, M.D.
Kyungsoo Kim, M.D.
Wisam Martini, M.D.
Luis A. Pires, M.D.
Srihari Ravi, M.D.
Lalitha Rudraiah, M.D.
Luay Sayed, M.D.
John C. Somogyi, M.D.
Narayanan Vikraman, M.D.
Hiroshi Yamasaki, M.D.

March 20, 2008

U. S. Nuclear Regulatory Commission
Region III
Materials Licensing Branch
2443 Warrenville Road, Suite 210
Lisle, IL 60532-4352

RE: Amendment of NRC License #21-26263-01

We request to amend our NRC medical license (NRC License #21-26263-01) for Eastside Cardiovascular Medicine. The specific amendment we wish to request:

Add an Authorized user, Luay Sayed, M.D. All appropriate paperwork is attached to this letter.

If you need any further information or clarification please don't hesitate to call Cal Szalach at 586 775-4594.

Sincerely,

Eastside Cardiovascular Management

jag

RECEIVED MAY 27 2008

18325 Ten Mile Road
Suite 400
Roseville, MI 48066
586-775-4594
FAX 586-775-4506

15500 Nineteen Mile Road
Suite 330
Clinton Township, MI 48038
586-228-5454
FAX 586-228-5353

From: Eastside Cardiovascular

5862285958

01/21/2008 12:55 #524 P.002/005

NRC FORM 313A (AUG) (3-2007)		U.S. NUCLEAR REGULATORY COMMISSION	
AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.100, 35.200, and 35.500) [10 CFR 35.190, 35.290, and 35.590]		APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2008	
Name of Proposed Authorized User Luay Sayed, M.D.		State or Territory Where Licensed Michigan	
Requested Authorization(s) (check all that apply)			
<input checked="" type="checkbox"/> 35.100 Uptake, dilution, and excretion studies			
<input checked="" type="checkbox"/> 35.200 Imaging and localization studies			
<input type="checkbox"/> 35.500 Sealed sources for diagnosis (specify device _____)			
PART I - TRAINING AND EXPERIENCE (Select one of the three methods below)			
* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.			
<input type="checkbox"/> 1. Board Certification			
a. Provide a copy of the board certification.			
b. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.			
<input type="checkbox"/> 2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization			
a. Authorized user on Materials License _____ meeting 10 CFR 35.350 or equivalent Agreement State requirements seeking authorization for 35.290.			
b. Supervised Work Experience. (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)			
Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclides purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			
Total Hours of Experience:			
Supervising Individual		License/Permit Number listing supervising individual as an authorized user	
Supervisor meets the requirements below, or equivalent Agreement State requirements (check all that apply).			
<input type="checkbox"/> 35.290 <input type="checkbox"/> 35.390 + generator experience in 32.290(c)(1)(ii)(G)			

From:Eastside Cardiovascular

5862286353

01/21/2008 12:56 #524 P.003/005

NRC FORM 313A (AUG 2007)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

☒ **3. Training and Experience for Proposed Authorized User**

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	St. John Hospital & Medical Center 22101 Moross Street Detroit, MI 48236	25	6/2/07 - 7/31/07
Radiation protection	St. John Hospital & Medical Center 22101 Moross Street Detroit, MI 48236	25	6/2/07 - 7/31/07
Mathematics pertaining to the use and measurement of radioactivity	St. John Hospital & Medical Center 22101 Moross Street Detroit, MI 48236	10	6/2/07 - 7/31/07
Chemistry of byproduct material for medical use (not required for 35.590)	St. John Hospital & Medical Center 22101 Moross Street Detroit, MI 48236	10	6/2/07 - 7/31/07
Radiation biology	St. John Hospital & Medical Center 22101 Moross Street Detroit, MI 48236	10	6/2/07 - 7/31/07
Total Hours of Training: 80			

b. Supervised Work Experience (completion of this table is not required for 35.590).
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Supervised Work Experience		Total Hours of Experience: 80	
Description of Experience Must include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	St. John Hospital & Medical Center 22101 Moross Street Detroit, MI 48236	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6/2/07 - 7/31/07
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	St. John Hospital & Medical Center 22101 Moross Street Detroit, MI 48236	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6/2/07 - 7/31/07

PAGE 2

From: Eastside Cardiovascular

5862285353

01/21/2008 12:57 #524 P.004/005

NRC FORM 312A (AUG 6-2007) U.S. NUCLEAR REGULATORY COMMISSION
AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work Experience. (continued)

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages	St. John Hospital & Medical Center 22101 Moross Street Detroit, MI 48236	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6/2/07 - 7/31/07
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	St. John Hospital & Medical Center 22101 Moross Street Detroit, MI 48236	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6/2/07 - 7/31/07
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	St. John Hospital & Medical Center 22101 Moross Street Detroit, MI 48236	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6/2/07 - 7/31/07
Administering dosages of radioactive drugs to patients or human research subjects	St. John Hospital & Medical Center 22101 Moross Street Detroit, MI 48236	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6/2/07 - 7/31/07
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs	St. John Hospital & Medical Center 22101 Moross Street Detroit, MI 48236	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6/2/07 - 7/31/07

Supervising individual: *Ray A. Carlson, M.S.* License/Permit Number listing supervising individual as an authorized user: *21-03210-01*
Michael John M.D. St. John Medical Center
 21-26253-01

Supervisor meets the requirements below, or equivalent Agreement State requirements (check one).
☒ 35.190 ☒ 35.290 ☒ 35.390 ☐ 35.390 + generator experience in 35.290(c)(1)(ii)(5)

c. For 35.590 only, provide documentation of training on use of the device.

Device	Type of Training	Location and Dates

d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. (Not required to meet training requirements in 35.590)

First Section

Check one of the following for each use requested:

For 35.190

Board Certification

☐ I attest that _____ has satisfactorily completed the requirements in

Name of Proposed Authorized User

10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

OR

Training and Experience

☒ I attest that LUAY SAYED, M.D. has satisfactorily completed the 60 hours of training and

Name of Proposed Authorized User

experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

Board Certification

☐ I attest that _____ has satisfactorily completed the requirements in

Name of Proposed Authorized User

10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

OR

Training and Experience

☒ I attest that LUAY SAYED, M.D. has satisfactorily completed the 700 hours of training

Name of Proposed Authorized User

and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

Second Section

Complete the following for preceptor attestation and signature:

☒ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

☒ 35.190

☒ 35.290

☐ 35.390

☐ 35.390 + generator experience

Name of Preceptor

Signature

Telephone Number

Date

MICHAEL JOHN, M.D.
License/Permit Number/Facility Name

[Signature]
Telephone Number (313) 343-3566 Date 3/28/08

From: Eastside Cardiovascular

5362285358

01/21/2008 12:58 #524 P.005/005

NRC FORM 313A (AUG 2-2007)		U.S. NUCLEAR REGULATORY COMMISSION	
AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)			
PART II - PRECEPTOR ATTESTATION			
<p>Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. (Not required to meet training requirements in 35.590)</p>			
<p>First Section Check one of the following for each use requested:</p>			
<p><u>For 35.190</u></p>			
<p><u>Board Certification</u></p>			
<p><input type="checkbox"/> I attest that _____ has satisfactorily completed the requirements in _____ Name of Proposed Authorized User</p>			
<p>10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.</p>			
OR			
<p><u>Training and Experience</u></p>			
<p><input checked="" type="checkbox"/> I attest that <u>LUAY SAYED M</u> has satisfactorily completed the 60 hours of training and _____ Name of Proposed Authorized User</p>			
<p>experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.</p>			
<p><u>For 35.290</u></p>			
<p><u>Board Certification</u></p>			
<p><input type="checkbox"/> I attest that _____ has satisfactorily completed the requirements in _____ Name of Proposed Authorized User</p>			
<p>10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.</p>			
OR			
<p><u>Training and Experience</u></p>			
<p><input checked="" type="checkbox"/> I attest that <u>LUAY SAYED</u> has satisfactorily completed the 700 hours of training and _____ Name of Proposed Authorized User</p>			
<p>and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.</p>			
<p>Second Section Complete the following for preceptor attestation and signature:</p>			
<p><input checked="" type="checkbox"/> I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:</p>			
<p><input type="checkbox"/> 35.190 <input checked="" type="checkbox"/> 35.290 <input type="checkbox"/> 35.390 <input type="checkbox"/> 35.390 + generator experience</p>			
Name of Preceptor	Signature	Telephone Number	Date
X KYUNG SOO KIM	X [Signature]	X 886 775 4544	3 20 08
<p>License/Permit Number/Facility Name</p>			
<p>X 21-26263-01 EASTSIDE CARDIOVASCULAR MEDICINE</p>			

Certificate of Completion

This is to certify that

Luay Sayed, M.D.

has completed the Nuclear Regulatory Commission Required Nuclear
Medicine Physics Course (80 hours)

June 2, 2007 - July 31, 2007

July 31, 2007



Ray A. Carlson, M.S.
Radiological Physics Service, Inc.
Plymouth, Michigan

NRC FORM 313 (10-2005) 10 CFR 30, 32, 33, 34, 35, 36, 39, and 40		U.S. NUCLEAR REGULATORY COMMISSION APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2008 Estimated burden per response to comply with this mandatory collection request: 4.4 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimates to the Records and FOIA/Privacy Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollections@nrc.gov , and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.			
APPLICATION FOR MATERIALS LICENSE					
INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.					
APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH: DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555-0001		IF YOU ARE LOCATED IN: ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO: MATERIALS LICENSING BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION III 2443 WARREN ROAD, SUITE 210 LISLE, IL 60532-4352			
ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS: IF YOU ARE LOCATED IN: ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO: LICENSING ASSISTANCE TEAM DIVISION OF NUCLEAR MATERIALS SAFETY U.S. NUCLEAR REGULATORY COMMISSION, REGION I 475 ALLENDALE ROAD KING OF PRUSSIA, PA 19406-1415		ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO: NUCLEAR MATERIALS LICENSING BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION IV 611 RYAN PLAZA DRIVE, SUITE 400 ARLINGTON, TX 76011-4005			
PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.					
1. THIS IS AN APPLICATION FOR (Check appropriate item) <input type="checkbox"/> A. NEW LICENSE <input checked="" type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER <u>21-26263-01</u> <input type="checkbox"/> C. RENEWAL OF LICENSE NUMBER _____		2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code) <u>SAMCAS#3</u>			
3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED <u>EASTSIDE CARDIOVASCULAR</u> <u>18325 TEN MILE RD. #400</u> <u>ROXVILLE, ME 48066</u>		4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION <input checked="" type="checkbox"/> CAL SZALACH TELEPHONE NUMBER <input checked="" type="checkbox"/> 586 775 4594			
SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.					
5. RADIOACTIVE MATERIAL a. Element and mass number, b. chemical and/or physical form, and c. (maximum amount which will be possessed at any one time)		6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.			
7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.		8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.			
9. FACILITIES AND EQUIPMENT.		10. RADIATION SAFETY PROGRAM.			
11. WASTE MANAGEMENT.		12. LICENSE FEES (See 10 CFR 170 and Section 170.31) FEE CATEGORY _____ AMOUNT ENCLOSED \$ <u>0</u>			
13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT. THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF. WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1968 (2 STAT. 749) 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 JURISDICTION.					
CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE <u>K YUNG 100 Kim, M.D</u>		SIGNATURE <input checked="" type="checkbox"/> <u>[Signature]</u> DATE <input checked="" type="checkbox"/> <u>3 20 08</u>			
FOR NRC USE ONLY					
TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		
APPROVED BY _____				DATE _____	



Eastside Cardiovascular Medicine, P.C.

Specializing In All Aspects of Cardiovascular Medicine

18325 Ten Mile Road, Suite 400
Roseville, Michigan 48066

U. S. Nuclear Regulatory Commission
Region III
Materials Licensing Branch
2443 Warrenville Road, Suite 210
Lisle, IL 60532-4352

FedEx

TUE - 27 MAY A2
STANDARD OVERNIGHTTRK# 8656 5100 8236
0200

XH ENLA

60532:
IL-US
ORDRT 593 D
FZ 0 8236
05.27

emp# 1795486 24MAY08 11:15

5100 8236

0200

Form
ID No

FedEx Retrieval Copy

Insert
airbill
here

fedex.com 1.800.GoFedEx 1.800.463.3339

From
Date 5/24/08 Sender's FedEx
Account Number

Sender's
Name WALSH & SONS Phone 926 775 9299

Company PAINTS & SUPPLIES

Address 18325 LINDSEY RD. - 400

City CHICAGO State IL ZIP 60646

2 Your Internal Billing Reference

3 To
Recipient's
Name US NRC Phone

Company MATERIAL HANDLING

Recipient's
Address
We cannot deliver to P.O. boxes or P.O. ZIP codes.

Address 7415 WARRENVILLE RD. SUITE 210

City CHICAGO State IL ZIP 60646



8656 5100 8236

4a Express Package Service

1 ☐ FedEx Priority Overnight
Next business morning. ** Friday
shipments will be delivered on Monday
unless SATURDAY Delivery is selected.

5 ☒ FedEx Standard Overnight
Next business afternoon. **
Saturday Delivery NOT available.

6 ☐ FedEx First Overnight
Earliest next business morning
delivery to select locations. **
Saturday Delivery NOT available.

3 ☐ FedEx 2Day
Second business day. ** Friday
shipments will be delivered on Monday
unless SATURDAY Delivery is selected.
FedEx Signature not available. Minimum charge: One-pound rate.

20 ☐ FedEx Express Saver
Third business day. **
Saturday Delivery NOT available.

4b Express Freight Service

7 ☐ FedEx 1Day Freight*
First business day. ** Friday
shipments will be delivered on Monday
unless SATURDAY Delivery is selected.

8 ☐ FedEx 2Day Freight
Second business day. ** Thursday
shipments will be delivered on Monday
unless SATURDAY Delivery is selected.

83 ☐ FedEx 3Day Freight
Third business day. **
Saturday Delivery NOT available.

5 Packaging

6 ☒ FedEx Envelope* 2 ☐ FedEx Pak*
Includes FedEx Small Pak,
FedEx Large Pak, and FedEx Sturdy Pak.

3 ☐ FedEx Box 4 ☐ FedEx Tube 1 ☐ Other

6 Special Handling

3 ☐ SATURDAY Delivery
Not available for
FedEx Standard Overnight,
FedEx First Overnight, FedEx Express
Saver, or FedEx 2Day Freight.

1 ☐ HOLD Weekday
at FedEx Location
Not available for
FedEx First Overnight,
FedEx Priority Overnight, and FedEx 2Day.

31 ☐ HOLD Saturday
at FedEx Location
Available ONLY for FedEx Priority
Overnight and FedEx 2Day
to select locations.

Do not ship hazardous materials.

No 4 ☐ Yes ☐ Shipper's Declaration
Not required. Shipper's Declaration
required for hazardous materials.
Hazardous materials including dry ice cannot be shipped in FedEx packaging.

6 Dry Ice
Dry Ice 3 Lbs 1400
Cargos Aircraft Only

7 Payment **Bill to:** Enter FedEx Acct. No. or Credit Card No. below. Obtain Receipt
Sender's Acct. No. 2 Recipient 3 Third Party 4 ☒ Credit Card 5 Cash/Check

Total Packages 7 Total Weight 20.81

8 Residential Delivery Signature Options

No Signature
Required
Package may be left
without obtaining a
signature for delivery.

10 ☐ Direct Signature
Someone at recipient's
address may sign for
delivery. Fee applies.

34 ☐ Indirect Signature
If no one is available at
recipient's address, someone
at a neighboring address may
sign for delivery. Fee applies.

520

fedex.com 1.800.GoFedEx 1.800.463.3339