NRC FORM 313 (4-2008)
10 CFR 30, 32, 33, 34, 35, 36, 39, and 40

U.S. NUCLEAR REGULATORY COMMISSION

# APPLICATION FOR MATERIALS LICENSE

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 estimate 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 infocollects@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.

**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

**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

**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 WARRENVILLE ROAD, SUITE 210
LISLE, IL 60532-4352

**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
612 E. LAMAR BOULEVARD, SUITE 400
ARLINGTON, TX 76011-4125

**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)*

- [ ] A. NEW LICENSE
- [x] B. AMENDMENT TO LICENSE NUMBER 21-26632-01
- [ ] C. RENEWAL OF LICENSE NUMBER

2. NAME AND MAILING ADDRESS OF APPLICANT *(Include ZIP code)*

Vrinda Narayana, Ph.D.
Providence Cancer Center, Providence Hospital
22301 Foster Winter Drive, I Floor
Southfield, MI 48075

3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

Providence Cancer Center, Providence Hospital
22301 Foster Winter Drive, I Floor
Southfield, MI 48075

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

Vrinda Narayana

TELEPHONE NUMBER

(248) 849-8622

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 $

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 CONTANED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 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 | SIGNATURE | DATE |
|---|---|---|
| Vrinda Narayana, Ph.D. RSO | | 07/22/2008 |

## FOR NRC USE ONLY

| TYPE OF FEE | FEE LOG | FEE CATEGORY | AMOUNT RECEIVED | CHECK NUMBER | COMMENTS |
|---|---|---|---|---|---|
| | | | $ | | |
| APPROVED BY | | | | DATE | |

NRC FORM 313 (4-2008) PRINTED ON RECYCLED PAPER

RECEIVED JUL 2 4 2008

ST JOHN HEALTH SM PROVIDENCE
Cancer Institute

July 22, 2008

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

**Ref: Material License # # 21-26632-01,**

**Subject**: Request for license material amendment

To the person concerned,

Enclosed is our request to amend our material license # # **21-26632-01**, issued to Providence Hospital, Providence Cancer Center, 22301 Foster Winter Drive, Southfield, MI 48075.

1. Michelle Mierzwa M.D. has joined the staff at Providence Hospital and will begin working at Providence on August 1st 2008. I request that she be **added** as an Authorized User on our license for use of Iridium –192 in MDS Nordion (formerly Isotopen-Technik) GammaMed 12i HDR remote afterloading brachytherapy unit. I have attached the NRC Form 313A that documents her training and experience and is signed by her preceptor who is an Authorized User.

Thank you,

Sincerely,

Vrinda Narayana, Ph.D
RSO
22301 Foster Winter Drive, I Floor
Southfield, MI 48075
248 849 8622

NRC FORM 313A (AUS) (10-2007) | U.S. NUCLEAR REGULATORY COMMISSION

# AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION
## (for uses defined under 35.400 and 35.600) [10 CFR 35.490, 35.491, and 35.690]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2008

| Name of Proposed Authorized User | State or Territory Where Licensed |
|---|---|
| MICHELLE MIERZWA | MICHIGAN |

**Requested Authorization(s) (check all that apply)**

- ☒ 35.400 Manual brachytherapy sources
- ☐ 35.400 Ophthalmic use of strontium-90
- ☒ 35.600 Remote afterloader unit(s)
- ☒ 35.600 Teletherapy unit(s)
- ☒ 35.600 Gamma stereotactic radiosurgery unit(s)

## 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.

☐ **1. Board Certification**

a. Provide a copy of the board certification.

b. For 35.600, go to the table in 3.e. and describe training provider and dates of training for each type of use for which authorization is sought.

c. Skip to and complete Part II Preceptor Attestation.

☐ **2. Current 35.600 Authorized User Requesting Additional Authorization for 35.600 Use(s) Checked Above**

a. Go to the table in section 3.e. to document training for new device.

b. Skip to and complete Part II Preceptor Attestation.

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

a. Classroom and Laboratory Training ☐ 35.490 ☐ 35.491 ☐ 35.690

| Description of Training | Location of Training | Clock Hours | Dates of Training* |
|---|---|---|---|
| Radiation physics and instrumentation | BARRETT CANCER CENTER UNIVERSITY HOSPITAL CINCINNATI, OH 45219 | | 8/1/04 - 6/30/08 |
| Radiation protection | BARRETT CANCER CENTER UNIVERSITY HOSPITAL CINCINNATI, OH 45219 | | 8/1/04 - 6/30/08 |
| Mathematics pertaining to the use and measurement of radioactivity | BARRETT CANCER CENTER UNIVERSITY HOSPITAL CINCINNATI, OH 45219 | | 8/1/04 - 6/30/08 |
| Radiation biology | BARRETT CANCER CENTER UNIVERSITY HOSPITAL CINCINNATI, OH 45219 | | 8/1/04 - 6/30/08 |
| **Total Hours of Training:** 7200 HOURS | | | |

## AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

b. Supervised Work and Clinical Experience for 10 CFR 35.490 *(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)*

| **Supervised Work Experience** | **Total Hours of Experience:** > 500 HOURS | | |
|---|---|---|---|
| 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 | BARRETT CANCER CENTER UNIVERSITY HOSPITAL CINCINNATI, OH 45219 | ☒ Yes ☐ No | 7/1/04 - 6/30/08 |
| Checking survey meters for proper operation | " | ☒ Yes ☐ No | 7/1/04 - 6/30/08 |
| Preparing, implanting, and safely removing brachytherapy sources | " | ☒ Yes ☐ No | 7/1/04 - 6/30/08 |
| Maintaining running inventories of material on hand | " | ☒ Yes ☐ No | 7/1/04 - 6/30/08 |
| Using administrative controls to prevent a medical event involving the use of byproduct material | " | ☒ Yes ☐ No | 7/1/04 - 6/30/08 |
| Using emergency procedures to control byproduct material | " | ☒ Yes ☐ No | 7/1/04 - 6/30/08 |

| Clinical experience in radiation oncology as part of an approved formal training program | Location of Experience/License or Permit Number of Facility | Dates of Experience* |
|---|---|---|
| **Approved by:**<br>☒ Residency Review Committee for Radiation Oncology of the ACGME<br>☐ Royal College of Physicians and Surgeons of Canada<br>☐ Committee on Postdoctoral Training of the American Osteopathic Association | BARRETT CANCER CENTER UNIVERSITY HOSPITAL CINCINNATI, OH 45219 | 7/1/04 - 6/30/08 |

| Supervising Individual | License/Permit Number listing supervising individual as an Authorized User |
|---|---|
| [signature] | 0211031001 (OHIO) |

## AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

c. Supervised Clinical Experience for 10 CFR 35.491

| Description of Experience | Location of Experience/License or Permit Number of Facility | Clock Hours | Dates of Experience* |
|---|---|---|---|
| Use of strontium-90 for ophthalmic treatment, including: examination of each individual to be treated; calculation of the dose to be administered; administration of the dose; and follow up and review of each individual's case history | N/A - NOT DONE DURING RESIDENCY TRAINING | | |
| Supervising Individual [signature] | License/Permit Number listing supervising individual as an Authorized User 0211031001 (OHIO) | | |

d. Supervised Work and Clinical Experience for 10 CFR 35.690

☒ Remote afterloader unit(s) ☒ Teletherapy unit(s) ☒ Gamma stereotactic radiosurgery unit(s)

| **Supervised Work Experience** | **Total Hours of Experience:** | | |
|---|---|---|---|
| Description of Experience Must Include: | Location of Experience/License or Permit Number of Facility | Confirm | Dates of Experience* |
| Reviewing full calibration measurements and periodic spot-checks | BARRETT CANCER CENTER UNIVERSITY HOSITAL CINCINNATI, OH 45219 | ☒ Yes ☐ No | 7/1104-6/30/08 |
| Preparing treatment plans and calculating treatment doses and times | // | ☒ Yes ☐ No | // |
| Using administrative controls to prevent a medical event involving the use of byproduct material | // | ☒ Yes ☐ No | // |
| Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console | // | ☒ Yes ☐ No | // |
| Checking and using survey meters | // | ☒ Yes ☐ No | // |
| Selecting the proper dose and how it is to be administered | // | ☒ Yes ☐ No | // |

## AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

d. Supervised Work and Clinical Experience for 10 CFR 35.690 (continued)

| Clinical experience in radiation oncology as part of an approved formal training program | Location of Experience/License or Permit Number of Facility | Dates of Experience* |
|---|---|---|
| **Approved by:**<br>☒ Residency Review Committee for Radiation Oncology of the ACGME<br>☐ Royal College of Physicians and Surgeons of Canada<br>☐ Committee on Postdoctoral Training of the American Osteopathic Association | BARRETT CANCER CENTER<br>UNIVERSITY HOSPITAL<br>CINCINNATI, OH 45219 | 7/1/04 -<br>6/30/08 |

| Supervising Individual | License/Permit Number listing supervising individual as an Authorized User |
|---|---|
| [signature] | 0211031001 (OHIO) |

e. For 35.600, describe training provider and dates of training for each type of use for which authorization is sought.

| Description of Training | Training Provider and Dates | | |
|---|---|---|---|
| | Remote Afterloader | Teletherapy | Gamma Stereotactic Radiosurgery |
| Device operation | WILLIAM BARRETT<br>7/1/04 - 6/30/08 | WILLIAM BARRETT<br>7/1/04 - 6/30/08 | WILLIAM BARRETT<br>7/1/04 - 6/30/08 |
| Safety procedures for the device use | " | " | " |
| Clinical use of the device | " | " | " |

| Supervising Individual. *If training provided by Supervising Individual (If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.)* | License/Permit Number listing supervising individual as an Authorized User |
|---|---|
| [signature] | 0211031001 (OHIO) |

Authorized for the following types of use:

☒ Remote afterloader unit(s) ☒ Teletherapy unit(s) ☒ Gamma stereotactic radiosurgery unit(s)

f. Provide completed 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.

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

**First Section**
**Check one of the following for each requested authorization:**

**For 35.490:**

**Board Certification**

☐ I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

35.490(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

**OR**

**Training and Experience**

☒ I attest that MICHELLE MIERZWA has satisfactorily completed the 200 hours of
Name of Proposed Authorized User

classroom and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation oncology, as required by 10 CFR 35.490(b)(1) and (b)(2), and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under 10 CFR 35.400.

**For 35.491:**

☐ I attest that _____ has satisfactorily completed the 24 hours of
Name of Proposed Authorized User

classroom and laboratory training applicable to the medical use of strontium-90 for ophthalmic radiotherapy, has used strontium-90 for ophthalmic treatment of 5 individuals, as required by 10 CFR 35.491(b), and has achieved a level of competency sufficient to function independently as an authorized user of strontium-90 for ophthalmic use.

**Second Section**

**For 35.690:**

**Board Certification**

☐ I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

35.690(a)(1).

**OR**

**Training and Experience**

☒ I attest that MICHELLE MIERZWA has satisfactorily completed 200 hours of classroom
Name of Proposed Authorized User

and laboratory training, 500 hours of supervised work experience, and 3 years of supervised clinical experience in radiation therapy, as required by 10 CFR 35.690(b)(1) and (b)(2).

**AND**

NRC FORM 313A (AUS)
(10-2007)

U.S. NUCLEAR REGULATORY COMMISSION

## AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

**Preceptor Attestation (continued)**

**Third Section**

**For 35.690: (continued)**

☒ I attest that MICHELLE MIERZWA has received training required in 35.690(c) for device
Name of Proposed Authorized User

operation, safety procedures, and clinical use for the type(s) of use for which authorization is sought, as checked below.

☒ Remote afterloader unit(s) ☒ Teletherapy unit(s) ☒ Gamma stereotactic radiosurgery unit(s)

**AND**

**Fourth Section**

☒ I attest that MICHELLE MIERZWA has achieved a level of competency sufficient to
Name of Proposed Authorized User

achieve a level of competency sufficient to function independently as an authorized user for:

☒ Remote afterloader unit(s) ☒ Teletherapy unit(s) ☒ Gamma stereotactic radiosurgery unit(s)

**Fifth Section**

**Complete the following for preceptor attestation and signature:**

☒ I meet the requirements in 10 CFR 35.490, 35.491, 35.690, or equivalent Agreement State requirements, as an authorized user for:

☒ 35.400 Manual brachytherapy sources ☒ 35.600 Teletherapy unit(s)

☐ 35.400 Ophthalmic use of strontium-90 ☒ 35.600 Gamma stereotactic radiosurgery unit(s)

☒ 35.600 Remote afterloader unit(s)

| Name of Preceptor | Signature | Telephone Number | Date |
|---|---|---|---|
| [signature] | WILLIAM L. BARRETT | (513) 584-8216 | 7/14/08 |

License/Permit Number/Facility Name

OHIO DEPT OF HEALTH RADIOACTIVE MATERIALS LICENSE # 0211031001

14

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**FedEx. US Airbill** Express

FedEx Tracking Number **8663 7183 7680**

0215 **Recipient's Copy**

**1 From** This portion can be removed for Recipient's records.

Date 23 Jul 08 FedEx Tracking Number 866371837680

Sender's Name VINOD NARAYANA Phone 248 569 5122

Company HLS/PROVIDENCE CANCER INST

Address 22301 FOSTER WINTER DR STE 100

City SOUTHFIELD State MI ZIP 48075

RECIPIENT: PEEL HERE

**2 Your Internal Billing Reference**

**3 To**

Recipient's Name Phone 630 829 9868

Company MATERIALS LICENSING BRANCH

Recipient's Address U.S. NUCLEAR REGULATORY COMMISSION RE WAIVER

We cannot deliver to P.O. boxes or P.O. ZIP codes. Dept./Floor/Suite/Room

Address 2443 WARRENVILLE RD. SUITE 210

To request a package be held at a specific FedEx location, print FedEx address here.

City LISLE State IL ZIP 60532-6252

**4a Express Package Service** *Packages up to 150 lbs.*

- [ ] FedEx Priority Overnight — Next business morning.* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- [x] FedEx Standard Overnight — Next business afternoon.* Saturday Delivery NOT available.
- [ ] FedEx First Overnight — Earliest next business morning delivery to select locations.* Saturday Delivery NOT available.
- [ ] FedEx 2Day — Second business day.* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- [ ] FedEx Express Saver — Third business day.* Saturday Delivery NOT available.

FedEx Envelope rate not available. Minimum charge. One pound rate. * To most locations.

**4b Express Freight Service** *Packages over 150 lbs.*

- [ ] FedEx 1Day Freight® — Next business day.** Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- [ ] FedEx 2Day Freight — Second business day.** Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- [ ] FedEx 3Day Freight — Third business day.** Saturday Delivery NOT available.

* Call for Confirmation: ** To most locations.

**5 Packaging**

- [x] FedEx Envelope*
- [ ] FedEx Pak* — Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak.
- [ ] FedEx Box
- [ ] FedEx Tube
- [ ] Other

* Declared value limit $500.

**6 Special Handling** Include FedEx address in Section 3.

- [ ] SATURDAY Delivery — Not available for FedEx Standard Overnight, FedEx First Overnight, FedEx Express Saver, or FedEx 3Day Freight.
- [ ] HOLD Weekday at FedEx Location — Not available for FedEx First Overnight.
- [ ] HOLD Saturday at FedEx Location — Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

Does this shipment contain dangerous goods? One box must be checked.

- [x] No
- [ ] Yes — As per attached Shipper's Declaration
- [ ] Yes — Shipper's Declaration not required.
- [ ] Dry Ice — Dry Ice, 9, UN 1845 ____ x ____ kg
- [ ] Cargo Aircraft Only

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging.

**7 Payment** Bill to: Enter FedEx Acct. No. or Credit Card No. below. Obtain Recip. Acct. No. [ ]

- [x] Sender — Acct. No. in Section 1 will be billed.
- [ ] Recipient
- [ ] Third Party
- [ ] Credit Card
- [ ] Cash/Check

Total Packages: 1 Total Weight: Credit Card Auth.

Your liability is limited to $100 unless you declare a higher value. See the current FedEx Service Guide for details.

Signature Options If you require a signature, check Direct or Indirect.

8663 7183 7680

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Align bottom of **Peel and Stick Airbill** or **Pouch** here.