

CONVERSATION RECORD
(time) (date)

TIME | DATE
8/25/08

VISIT CONFERENCE TELEPHONE

 INCOMING
 OUTGOING

NAME OF PERSON(S) CONTACTED OR IN CONTACT ORGANIZATION (OFFICE, DEPT. ETC.) TELEPHONE NO
Sheila Hecht, RSO ABC Labs 573-443-9070

SUBJECT
C/N 317219

SUMMARY

Per our telephone conversation today, in order for us to complete our review of your new bioassay program, please submit the following and reference as additional information to Control Number 317219:

1. The biological half-life for each compound that is used;
2. CEDE per unit intake, such as mrem/uCi, for each compound that has a different biological half-life; and
3. The percentage of carbon-14 that is eliminated by excretion in urine for each compound.

Also, please either reference a published paper or empirical data for the above information.

If you or your consultant have any specific questions, please contact Peter Lee directly at 630-829-9870.

ACTION REQUIRED

Contact us if you cannot get this info to us ASAP. We may need to void this action and you can resubmit when you get the information together.

NAME OF PERSON DOCUMENTING CONVERSATION SIGNATURE DATE
Kevin Null | *Kevin Null* 8/25/08

Peter Lee

Peter Lee

ACTION TAKEN

SIGNATURE TITLE DATE