



National Institutes of Health  
National Institute of Diabetes and  
Digestive and Kidney Diseases  
4212 North 16th Street  
Phoenix, Arizona 85016  
(602) 263-1556

RECEIVED

JUN 29 2009

DNMS

June 23, 2009

Regional Administrator  
US Nuclear Regulatory Commission  
Region IV, Material Radiation Protection Section  
611 Ryan Plaza Dr., Ste 400  
Arlington, TX 76011-4005

RE: License #02-13990-01

Dear Sirs:

This letter is a request to amend our license. We request that David Mott, Ph.D., be removed as an Authorized User from our license. Dr. Mott no longer works for PECRB as he has retired.

Thank you for your consideration of this matter.

Sincerely,

Shannon Parrington  
Radiation Safety Officer  
Obesity and Diabetes Clinical Research  
Section  
PECRB, NIDDK, NIH, DHHS  
Tel 602-200-5308  
Fax 602-200-5335  
Email [shannonp@mail.nih.gov](mailto:shannonp@mail.nih.gov)

Richard M Bryan  
Administrative Officer  
Phoenix Epidemiology and Clinical  
Research Branch  
NIDDK, NIH, DHHS  
Tel 602-440-6588  
Fax 602-253-4140  
Email [mbryan@mail.nih.gov](mailto:mbryan@mail.nih.gov)

## ACCEPTANCE REVIEW MEMO (ARM)

**Licensee:** Dept of Health & Human Svcs.      **License No.:** 02-13990-01  
**Docket No.:** 030-01211      **Mail Control No.:** 472308  
**Type of Action:** Notify      **Date of Requested Action:** 6/23/09  
**Reviewer Assigned:**      **ARM reviewer(s):** Torres

Response	Deficiencies Noted During Acceptance Review
	<input type="checkbox"/> Open ended possession limits. Submit inventory. Limit possession. <input type="checkbox"/> Submit copies of latest leak test results. <input type="checkbox"/> Add IC L.C./Fingerprint LC, add SUNSI markings to license. <input type="checkbox"/> Confirm with licensee if they have NARM material.

**Reviewer's Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Request for unrestricted release Group 2 or >. Consult with Bravo Branch.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Termination request < 90 days from date of expiration
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	TAR needed to complete action.

**Branch Chief's and/or HP's Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SUNSI Screening according to RIS 2005-31**

Yes     No    **Sensitive and Non-Publicly Available if any item below is checked**

General guidance:

- \_\_\_\_\_ RAM = or > than Category 3 (Table 1, RIS 2005-31), use Unity Rule
- \_\_\_\_\_ Exact location of RAM [suite #, bldg. #, location different from mailing address] (whether = or > than Category 3 or not)
- \_\_\_\_\_ Design of structure and/or equipment (site specific)
- \_\_\_\_\_ Information on nearby facilities
- \_\_\_\_\_ Detailed design drawings and/or performance information
- \_\_\_\_\_ Emergency planning and/or fire protection systems

Specific guidance for medical, industrial and academic (above Category 3):

- \_\_\_\_\_ RAM quantities and inventory
- \_\_\_\_\_ Manufacturer's name and model number of sealed sources & devices
- \_\_\_\_\_ Site drawings with exact location of RAM, description of facility
- \_\_\_\_\_ RAM security program information (locks, alarms, etc.)
- \_\_\_\_\_ Emergency Plan specifics (routes to/from RAM, response to security events)
- \_\_\_\_\_ Vulnerability/security assessment/accident-safety analysis/risk assess
- \_\_\_\_\_ Mailing lists related to security response

**Branch Chief's and/or HP's Initials:** *RITZ*      **Date:** JUL - 8

JUL - 9 2009  
DATE

This is to acknowledge the receipt of your letter/application dated 6-23-09, and to inform you that the initial processing, which includes an administrative review, has been performed.

There were no administrative omissions. Your application will be assigned to a technical reviewer. Please note that the technical review may identify other omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card:

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The action you requested is normally processed within — days.

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned Mail Control Number 472308.  
When calling to inquire about this action, please refer to this mail control number.  
You may call me at 817-860-8103.

Sincerely,



Licensing Assistant

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: (FOR LFMS USE)  
: INFORMATION FROM LTS  
: -----  
: Program Code: 02410  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20140531  
: Fee Comments:  
: Decom Fin Assur Req'd: N  
: .....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: HEALTH & HUMAN SERVICES, DEPT. OF  
Received Date: 20090629  
Docket No: 3001211  
Control No.: 472308  
License No.: 02-13990-01  
Action Type: Notifications

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.:   /  

3. COMMENTS

Signed Colleen Murnahan  
Date 7-06-09

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /\_/\_/)

1. Fee Category and Amount: \_\_\_\_\_

2. Correct Fee Paid. Application may be processed for:

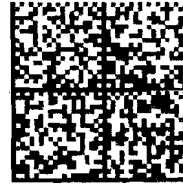
Amendment \_\_\_\_\_  
Renewal \_\_\_\_\_  
License \_\_\_\_\_

3. OTHER \_\_\_\_\_

Signed \_\_\_\_\_  
Date \_\_\_\_\_

*S. Parvinton*  
Obesity & Diabetes Clinical Research  
Section  
National Institutes of Health  
Department of Health & Human Services  
4212 N 16<sup>th</sup> St, Rm 541  
Phoenix, AZ 85016

OFFICIAL BUSINESS  
PENALTY FOR PRIVATE USE, \$300



HASLER 017H15601142  
\$0.440  
06/25/2009  
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\$300 Penalty  
For Private Use  
US POSTAGE

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