



GlaxoSmithKline

GlaxoSmithKline  
Biologicals North America  
553 Old Corvallis Road  
Hamilton, MT 59840  
USA

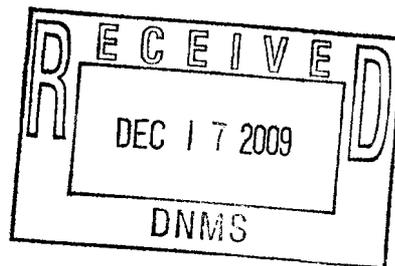
www.gsk-bio.com

December 17, 2009

Colleen Murnahan  
U.S. NRC Region IV  
612 E. Lamar Blvd., Suite 400  
Arlington, TX 76011-4125

RE: NRC License No. 25-19852-01

Ms. Murnahan,



This letter is to request amendment to GlaxoSmithKline Biologicals- Hamilton NRC radioactive materials license, No. 25-19852-01.

David Moore is no longer employed by GlaxoSmithKline Biologicals and therefore, we would like to delete him from the list of Authorized Users.

If you have any questions, please feel free to contact me directly at 406-375-2129 or [brian.j.poletti@gskbio.com](mailto:brian.j.poletti@gskbio.com).

Sincerely,

Brian Poletti  
EH&S Specialist/RSO

No. 4 7 2 5 1 7

## Murnahan, Colleen

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**From:** brian.j.poletti@gskbio.com  
**Sent:** Thursday, December 17, 2009 1:03 PM  
**To:** Murnahan, Colleen  
**Cc:** douglas.e.ardary@gskbio.com  
**Subject:** NRC License No. 25-19852-01 Amendment  
**Attachments:** NRCLicenseAmnedment121709.pdf

Ms. Murnahan,

Please find the attached letter requesting amendment of GSK Biological's NRC License No. 25-19852-01.

The original letter should go out in the mail this afternoon. If you have any questions, please feel free to contact me directly.

Regards,

Brian Poletti  
EH&S Specialist/ RSO  
GlaxoSmithKline Biologicals  
553 Old Corvallis Rd.  
Hamilton, MT 59840  
(406)375-2129

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BETWEEN:  
License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: (FOR LFMS USE)  
: INFORMATION FROM LTS  
: -----  
:  
: Program Code: 03620  
: Status Code: 0  
: Fee Category: 3M  
: Exp. Date: 20150630  
: Fee Comments: 3P 2/22/02 & 3E 11/18/02  
: Decom Fin Assur Req: N  
: .....

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: GLAXOSMITHKLINE BIOLOGICALS -  
Received Date: 20091217  
Docket No: 3019324  
Control No.: 472517  
License No.: 25-19852-01  
Action Type: Notifications

2. FEE ATTACHED  
Amount: \_\_\_\_\_  
Check No.:           /          

3. COMMENTS  
  
Signed Colleen Murahan  
Date 12-18-09

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 \_\_\_\_\_

## ACCEPTANCE REVIEW MEMO (ARM)

**Licensee:** Glaxosmithkline Biologicals      **License:** 25-18752-01  
**Docket:** 030-19324      **Mail Control:** 472517  
**Type of Action:** Notify      **Date of Requested Action:** 12/17/09  
**Reviewer Assigned:**      **ARM reviewer(s):** Torres

Response	Deficiencies Noted During Acceptance Review
	[ ] Open ended possession limits. Submit inventory. Limit possession. [ ] Submit copies of latest leak test results. [ ] Add IC L.C./Fingerprint LC, add SUNSI markings to license. [ ] Confirm with licensee if they have NARM material. [ ] Change of contact information (RSO), send request to update IC database.

**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:** RITC      **Date:** 12-27-09