

NRC FORM 314 (4-2008) 10 CFR 30.38(j)(1); 40.42(j)(1); 70.38(j)(1); and 72.54(k)(5)(1)(1)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0028	EXPIRES: 08/31/2010
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LICENSEE NAME AND ADDRESS Detroit Medical Center, Radiation Safety Officer University Laboratories, 4201 St. Antoine Detroit, MI 48201	LICENSE NUMBER 212008501	DOCKET NUMBER 030-17944
LICENSE EXPIRATION DATE May 31, 2014		

This license has expired. **A. LICENSE STATUS (Check the appropriate box)** This license has not yet expired; please terminate it.

B. DISPOSAL OF RADIOACTIVE MATERIAL
 (Check the appropriate boxes and complete as necessary. If additional space is needed, provide attachments)
 The licensee, or any individual executing this certificate on behalf of the licensee, certifies that:

1. No radioactive materials have ever been procured or possessed by the licensee under this license.

2. All activities authorized by this license have ceased, and all radioactive materials procured and/or possessed by the licensee under this license number cited above have been disposed of in the following manner.

a. Transfer of radioactive materials to the licensee listed below:

b. Disposal of radioactive materials:

1. Directly by the licensee:

2. By licensed disposal site:

3. By waste contractor:

c. All radioactive materials have been removed such that any remaining residual radioactivity is within the limits of 10 CFR Part 20, Subpart E, and is ALARA.

C. SURVEYS PERFORMED AND REPORTED

1. A radiation survey was conducted by the licensee. The survey confirms:

a. the absence of licensed radioactive materials

b. that any remaining residual radioactivity is within the limits of 10 CFR 20, Subpart E, and is ALARA.

2. A copy of the radiation survey results:

a. is attached; or b. is not attached (Provide explanation); or c. was forwarded to NRC on: _____ Date

3. A radiation survey is not required as only sealed sources were ever possessed under this license, and

a. The results of the latest leak test are attached; and/or b. No leaking sources have ever been identified.

The person to be contacted regarding the information provided on this form:

NAME William Neeley, M.D.	TITLE Radiation Safety Officer	TELEPHONE (Include Area Code) 313.966.0005	E-MAIL ADDRESS WNEELEY@dmc.org
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Mail all future correspondence regarding this license to:
 William Neeley, MD, DMC UNIVERSITY LABS, 4201 ST ANTOINE, 4HC 3E1, Detroit, MI 48201

C. CERTIFYING OFFICIAL
 I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

PRINTED NAME AND TITLE William Neeley, MD, Radiation Safety Officer	SIGNATURE William Neeley	DATE 3-17-2010
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DMC University Laboratories
4201 St. Antoine 3E-1
Detroit, Michigan 48201
Fax. (313) 993-0489

facsimile
TRANSMITTAL

TO: KAREN BERNARDINO

FAX #: 630 515 1078

COMPANY: U.S. NUCLEAR REGULATORY COMMISSION

FROM: WILLIAM M. NEELEY, M.D.

RE: Terminating NRC License

DATE: 3-1-2011

NO. OF PAGES (INCLUDING COVER SHEET):

COMMENTS FORM 314 ATTACHED

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