

DT

February 2, 2011

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

RECEIVED
FEB 28 2011
DNMS

RE: License #02-13990-01

Dear Sirs:

This letter is a request to amend our license. We request that Clifton Bogardus, M.D., Ph.D., be re-added to the license as an Authorized User (for both “*in vitro* studies using materials in Items 6.A. through 6.F.” and “research studies in humans using materials in Items 6.E and 6.F.”) Dr. Bogardus was previously listed as an Authorized User on the license and was removed as part of Amendment #35 (August 1, 2008).

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



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

ADAMS # _____
Template _____
Date ____/____/____ QC'd by _____

2-09-2011
DATE

This is to acknowledge the receipt of your letter/application dated 2-28-2011, 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.

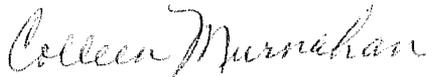
Please provide to this office within 30 days of your receipt of this card:

The action you requested is normally processed within 90 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** 574585.
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:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM LTS

Program Code: 02410
Status Code: Pending Amendment
Fee Category: 3P 7C
Exp. Date:
Fee Comments:
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: HEALTH & HUMAN SERVICES, DEPT. OF
Received Date: 02/28/2011
Docket Number: 3001211
Mail Control Number: 574585
License Number: 02-13990-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: Colleen Murnahan

Date: 3-4-2011

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: _____

DEPARTMENT OF
HEALTH & HUMAN SERVICES
Shannon Parrington
National Institute of Health
Digestive and Kidney Diseases
1550 East Indian School Road
Phoenix, Arizona 85014

Official Business
Penalty for Private Use \$300

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