

CASSANDRA F. FRAZIER
TRANSMITTAL
UNITED STATES

MATERIALS LICENSING BRANCH

TELECON & FAX

TO: _____ COMPANY: _____

NUCLEAR REGULATORY COMMISSION
REGION III

#PAGES: _____



_____ TEL. _____

2443 WARRENVILLE ROAD

LISLE, ILLINOIS 60532-4352
(630)829-9830 FAX: (630)515-1259

FAX #: _____

CONVERSATION RECORD

TIME

DATE

4/13/2011

NAME OF PERSON(S) CONTACTED

ORGANIZATION

TELEPHONE NO.

Kamalesh Lahiri, MD Cardiovascular Diagnostics

(248) 557-5650

SUBJECT

License No. 21-26259-01 Termination Request Dated January 7, 2011/ Control No. 574520

SUMMARY

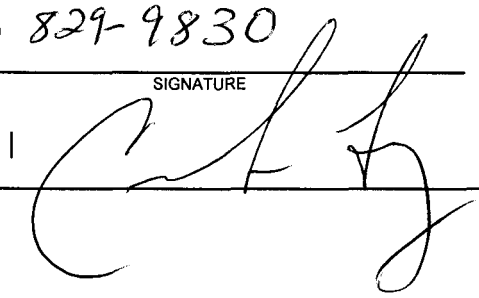
In regards to the termination requested dated Jan. 7, 2011 and response received dated March 29, 2011, please provide the following additional information:

Please be advised that we cannot authorize you to release your old facility located at 18500 West 12 Mile Road, Southfield, MI., for unrestricted use (even by other members of your staff) until we have received and reviewed a copy of the results of your close-out survey. The survey should consist of exposure rate measurements to show that all sources of radioactive material have been removed, and contamination checks of areas where radioactive materials were used or stored. Average radiation levels associated with surface contamination and removable contaminations should not exceed those specified in the enclosed decontamination guide. Please submit the following information with your close-out survey:

- a. A current copy of the leak test results for the sealed sources used at your old facility. Also a history of leaking sealed sources (if any).
- b. A diagram of your old facility with survey and wipe test results keyed to specific locations. Please record your survey results using the appropriate units as described in 10 CFR 30.36 (j) (2) (i) (copy enclosed).
- c. The name of the person performing the survey.
- d. The date the survey was performed.
- e. The instrument(s) used for exposure rate measurements and for analysis of the wipes.
- f. Background readings.

- g. The date that the survey instrument was last calibrated.
- h. Also, please specify the final disposition of the sealed sources. In your response you provided disposal records for one source, however in your original request you indicated that you had an inventory of four (4) sealed sources. Therefore, please confirm that the remaining three sealed sources have been decayed to background radiation or has been transferred to a radioactive waste broker for disposal.

Please submit your close-out survey as additional information to mail control 574520

<small>ACTION REQUIRED</small>		
Provide requested information	(630) 829-9830	
<small>NAME OF PERSON DOCUMENTING CONVERSATION</small>	<small>SIGNATURE</small>	<small>DATE</small>
Cassandra F. Frazier		4/13/2011

TRANSMISSION VERIFICATION REPORT

TIME : 04/12/2011 21:32
NAME : USNRC REGION3 DNMS
FAX : 6305151259
TEL :
SER. # : 000A7J925770

DATE, TIME 04/12 21:31
FAX NO./NAME 12485575650
DURATION 00:00:49
PAGE(S) 03
RESULT OK
MODE STANDARD
ECM

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NRC FORM 388 (Rev. 11-2004)

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NOTICE

*Thank you
Sandy*

*Please provide response
to attached questions per our
telephone conversations.*

MESSAGE

If you do not receive the complete fax transmittal, please contact the sender as soon as possible at the telephone number provided above.

TELEPHONE NUMBER: 630-829-9830 FAX NUMBER: 630-515-1259

FROM: (SENDER) Cassandra Fraizer

FAX NUMBER: 248-557-5650 VERIFY BY CALLING SENDER