

Quest Diagnostics Incorporated

4444 Giddings Rd.
Auburn Hills, MI 48326
248.373.9120



July 5, 2012

US Nuclear regulatory Commission, Region III

2443 Warrenville Road, Suite 210

RE: NRC Material License Number 21-20044-01

Dear Mr. Bill Reichold:

This letter is to notify the NRC that Quest Diagnostics at 4444 Giddings Rd, Auburn Hills, MI 48326 has ceased the clinical testing using and ordering radioactive material. Our RIA testing was discontinued in 2008. Our current license expiration date is September 30, 2012.

We would like to discontinue our licensure for the use of radioactive material. We have completed wipe tests of all areas where I¹²⁵ kits were stored and used for testing. We also had stored waste for decay. See attached diagrams. All counts for the decayed material were below background radiation levels.

The only radioactive material we have on site is sealed I¹²⁵ source we were using to calibrate the gamma counter for final wipe tests and decay in storage. This source expired on 08/01/2011. It was purchased from MP Biomedical, serial number 579159, with initial activity <0.4 µCi.

Please call me if you have any questions at 248-364-1244.

Sincerely,



Elena Dvorin MD, Ph.D

NRC FORM 374

PAGE 1 OF 2 PAGES
Amendment No. 15

U.S. NUCLEAR REGULATORY COMMISSION

MATERIALS LICENSE

Pursuant to the Atomic Energy Act of 1954, as amended, the Energy Reorganization Act of 1974 (Public Law 93-438), and Title 10, Code of Federal Regulations, Chapter I, Parts 30, 31, 32, 33, 34, 35, 36, 39, 40, and 70, and in reliance on statements and representations heretofore made by the licensee, a license is hereby issued authorizing the licensee to receive, acquire, possess, and transfer byproduct, source, and special nuclear material designated below; to use such material for the purpose(s) and at the place(s) designated below; to deliver or transfer such material to persons authorized to receive it in accordance with the regulations of the applicable Part(s). This license shall be deemed to contain the conditions specified in Section 183 of the Atomic Energy Act of 1954, as amended, and is subject to all applicable rules, regulations, and orders of the Nuclear Regulatory Commission now or hereafter in effect and to any conditions specified below.

| | |
|--|---|
| <p style="text-align: center;">Licensee</p> <p>1. Quest Diagnostics Incorporated</p> <p>2. 4444 Giddings Road Auburn Hills, MI 48326</p> | <p>In accordance with the facsimile dated September 29, 2011,</p> <p>3. License number 21-20044-01 is renewed in its entirety to read as follows:</p> <hr/> <p>4. Expiration date September 30, 2012</p> <hr/> <p>5. Docket No. 030-17681 Reference No.</p> |
|--|---|

| | | |
|---|---|---|
| <p>6. Byproduct, source, and/or special nuclear material</p> <p>A. Iodine-125</p> | <p>7. Chemical and/or physical form</p> <p>A. Prepackaged kit</p> | <p>8. Maximum amount that licensee may possess at any one time under this license</p> <p>A. 5 millicuries</p> |
|---|---|---|

9. Authorized Use:
- A. **Possession and storage only with intent to dispose.**

CONDITIONS

10. Licensed material shall be stored only at the licensee's facilities located at 4444 Giddings Road, Auburn Hills, Michigan.
11. The licensee will continue to take all actions within its ability to dispose of its material and notify NRC within 30 days if disposal is achieved.
12. The Radiation Safety Officer for the activities authorized by this license is Elena Dvorin, M.D., Ph.D.
13. The licensee is authorized to hold radioactive material with a physical half-life of less than or equal to 120 days for decay-in-storage before disposal in ordinary trash provided:
 - A. Before disposal as ordinary trash, byproduct material shall be surveyed at the container surface with the appropriate survey meter set on its most sensitive scale and with no interposed shielding to determine that its radioactivity cannot be distinguished from background. All radiation labels shall be removed or obliterated.

**MATERIALS LICENSE
SUPPLEMENTARY SHEET**

License Number
21-20044-01

Docket or Reference Number
030-17681

Amendment No. 15

B. A record of each disposal permitted under this License Condition shall be retained for three years. The record must include the date of disposal, the date on which the byproduct material was placed in storage, the radionuclides disposed, the survey instrument used, the background dose rate, the dose rate measured at the surface of each waste container, and the name of the individual who performed the disposal.

14. Removable contamination and ambient dose rate surveys of waste storage areas shall be performed monthly and survey records maintained for inspection by the Commission.

15. Except as specifically provided otherwise in this license, the licensee shall conduct its program in accordance with the statements, representations, and procedures contained in the documents, including any enclosures, listed below. The Nuclear Regulatory Commission's regulations shall govern unless the statements, representations and procedures in the licensee's application and correspondence are more restrictive than the regulations.

A. Application dated June 25, 2001; and

B. Letter dated August 28, 2001.

FOR THE U.S. NUCLEAR REGULATORY COMMISSION

Date MAR 14 2012

By *Toye L. Simmons*
Toye L. Simmons
Materials Licensing Branch
Region III

| | | |
|---|------------------------------------|---|
| NRC FORM 314 (4-2008) 10 CFR 30.208(i)(1); 40.420(i)(1); 70.300(i)(1) and 72.04(i)(1)(1) | U.S. NUCLEAR REGULATORY COMMISSION | APPROVED BY OMB: NO. 3150-0026 EXPIRES: 08/31/2019 Estimated burden per response to comply with this mandatory collection request: 30 minutes. This information is used by NRC as part of the basis for its determination that the facility is released for unrestricted use. Send comments regarding burden estimate to the Records and Policy/Privacy Services Branch (T-5 F52), U.S. Nuclear Regulatory Commission, Washington, DC 20453-0001, or by Internet e-mail to infocoll@nrc.gov , and to the Desk Officer, Office of Information and Regulatory Affairs, NE08-10202, (3150-0026), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection. |
|---|------------------------------------|---|

CERTIFICATE OF DISPOSITION OF MATERIALS

| | | |
|---|-------------------------------|----------------------------|
| LICENSEE NAME AND ADDRESS Quest Diagnostics Incorporated 4444 Giddings Rd Auburn Hills, MI 48305 | LICENSE NUMBER 21-20044-01 | DOCKET NUMBER 030-17681 |
| LICENSE EXPIRATION DATE September 29, 2012 | | |

A. LICENSE STATUS (Check the appropriate box)

This license has expired. 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: _____

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 Elena Dvorin | TITLE RSO, Technical Dir. | TELEPHONE (Include Area Code) 248-364-1244 | E-MAIL ADDRESS elena.f.dvorin@qd |
|----------------------|------------------------------|---|-------------------------------------|

Mail all future correspondence regarding this license to: questdiagnostics.com

C. CERTIFYING OFFICIAL

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

| | | |
|---|---------------|------------------|
| PRINTED NAME AND TITLE Elena Dvorin, RSO, Technical Director | SIGNATURE | DATE 07/03/12 |
|---|---------------|------------------|

WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECT. 18 U.S.C. SECTION 1001 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

STORAGE FOR DECAY/DISPOSAL LOG

Survey Meter: Ludlum Measurements, Model 3 (Serial Number 135805),
Model 44-3 (Serial Number RN 16824)

Waste Type: Used material.

| Container ID Number | Date Sealed | Radiation Level for Disposal at or below background | Date of Disposal | Initial Approving Disposal |
|---------------------|-------------|---|------------------|----------------------------|
| 207 | 3-23-06 | < 200 CPM | 8-22-08 | CZ |
| 208 | 4-19-06 | < 200 CPM | 8-22-08 | CZ |
| 209 | 5-10-06 | < 200 CPM | 8-22-08 | CZ |
| 210 | 6-7-06 | < 200 CPM | 8-22-08 | CZ |
| 211 | 6-29-06 | < 200 CPM | 8-22-08 | CZ |
| 212 | 8-14-06 | < 200 CPM | 8-22-08 | CZ |
| 213 | 9-25-06 | < 200 CPM | 8-22-08 | CZ |
| 214 | 11-6-06 | < 150 CPM | 6/4/09 | CN |
| 215 | 12-19-06 | < 150 CPM | 6/4/09 | CN |
| 216 | 2-16-07 | < 150 CPM | 6/4/09 | CN |
| 217 | 4-5-07 | < 150 CPM | 6/4/09 | CN |
| 218 | 6-5-07 | < 150 CPM | 6/4/09 | CN |
| 219 | 8-3-07 | < 150 CPM | 3-8-10 | CN |
| 220 | 9-21-07 | < 150 CPM | 3-8-10 | CN |
| 221 | 11-16-07 | < 150 CPM | 3-8-10 | CN |
| 222 | 1-17-08 | < 150 CPM | 3-8-10 | CN |
| 223 | 3-8-08 | < 150 CPM | 3-8-10 | CN |
| 224 | 4-29-08 | < 150 CPM | 10-14-10 | CN |
| 225 | 6-19-08 | < 150 CPM | 10-14-10 | CN |
| 226 | 8-18-08 | < 150 CPM | 10-14-10 | CN |
| 227 | 10-9-08 | < 150 CPM | 10-14-10 | CN |
| 228 | 12-9-08 | < 150 CPM | 10-14-10 | CN |
| 229 | 2-4-09 | < 150 CPM | 07-06-11 | PN |
| 230 | 3-27-09 | < 150 CPM | 07-06-11 | PN |
| 231 | 5-18-09 | < 150 CPM | 07-06-11 | PN |
| 232 | 7-14-09 | < 150 CPM | 07-06-11 | PN |
| 233 | 9-11-09 | < 150 CPM | 07-06-11 | PN |
| 234 | 11-20-09 | < 150 CPM | 07-06-11 | PN |
| YEAR 2010 | | | | |
| 235 | 2-2-10 | < 150 CPM | 1-5-12 | PN |
| 236 | 3/20/10 | < 150 CPM | 1-5-12 | PN |
| 237 | 5/23/10 | < 150 CPM | 1-5-12 | PN |
| 238 | 8/9/10 | < 150 CPM | 1-5-12 | PN |
| 239 | 8/2/10 | < 150 CPM | 1-5-12 | PN |

All CPM counts taken on 1-3-12 All are at or below background levels
extended

Signature
1-5-12



IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-9300
Cus/CUSTOMER NO. 211432

Route # 317 - 3

MDT600C0YF

1. Generator's Name, Address and Telephone Number

ATTN: Mall Querio Ext. 151
Quest Diagnostics, Inc.
4444 Giddings Road 31000-3146300
Auburn Hills, MI 48326-1533



(248) 373-9120

1/5/2012

CUSTOMER NUMBER 1021977-001

GENERATOR'S REGISTRATION #

GENERATOR

| 2A. DESCRIPTION OF WASTE | 2B. CONTAINER TYPE | 2C. NO. OF CONTAINERS | 2D. VOLUME |
|---|--|-----------------------|------------|
| UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI | 8X24/RX23 - Sharps Box (12 5/8" x 14 3/8" x 26 5/8" - 4.4 cu ft) | | Cu |
| UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI | TE01 - 32 Gal Reusable (18" x 18" x 24" - 4.0 cu ft) | | Cu |
| UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI | TE04 - 76 Gal Reusable (22" x 22" x 23" - 3.7 cu ft) | 73 | 26.6 / Cu |
| UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI | TE20 - 10 Gal Reusable (17 1/2" high x 16" diameter - 1.3 cu ft) | | Cu |
| UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI | VS12 - Small Box (11 5/8" x 11 5/8" x 23 3/8" - 1.3 cu ft) | | Cu |
| UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI | VS42/RX42 - Med. Box (17 5/8" x 17 5/8" x 23 3/8" - 4.3 cu ft) | | Cu |
| UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI | SM24/SM15 - Large Sharps (19" x 16 1/2" x 12" - 2.1 cu ft) | | Cu |
| UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI | SM14/SM24 - 8 Gal Sharps (19" x 16 1/2" x 10" - 1.7 cu ft) | | Cu |
| | | | Cu |

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable International and national governmental regulations."

TOTALS ▶ 73 26.6 / Cu

Printed/Typed Name _____ Signature _____ Date 1/5/12

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:

STERICYCLE INC
1301 E ALEXIS
TOLLEDO, OH 43612

This is a Through Shipment

Phone #: _____
Applicable Permit Numbers: 29-2005

NY-TL-033 OH-00-2-00199
DECAL# _____
PA-PC-0756 IL-1134-6005
Date _____

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

STERICYCLE, INC 26161 N KEITH DR LAKE FOREST, IL 60045

Phone #: 800-633-9278
Applicable Permit Numbers:

NY-TL-033 OH-00-2-00199
DECAL# _____
PA-PC-0756 IL-1134-6005

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

STERICYCLE, INC. 26161 N KEITH DR LAKE FOREST, IL 60045

Phone #: (800) 633-2400
Applicable Permit Numbers:

NY-TL-033 OH-00-2-00199
DECAL# _____
PA-PC-0756 IL-1134-6005

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

7. DISCREPANCY INDICATION

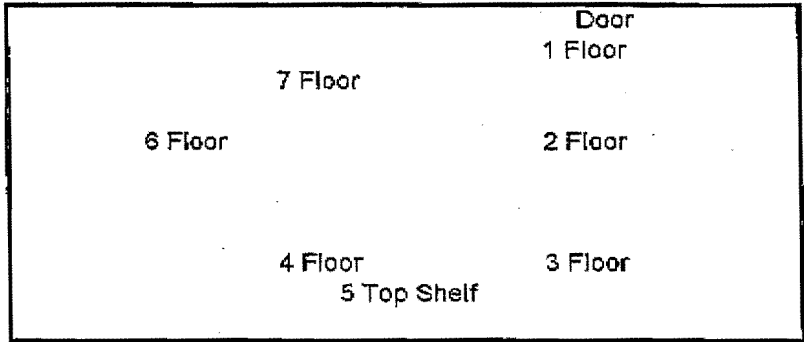
| | | | |
|--|--|--|--|
| <input type="checkbox"/> 7A. Designated Facility: STERICYCLE, INC. 1301 E ALEXIS ROAD TOLLEDO, OH 43612 (419) 729-6006 EPA#: A0000496 | <input type="checkbox"/> 7B. Alternate Facility: STERICYCLE, INC. 1301 FINE AVE SE WARREN, OH 44463 (330) 393-8985 EPA#: 0272060634 | <input type="checkbox"/> 7C. Alternate Facility: STERICYCLE, INC 3172 PROGRESS DR DUNKIRK, NY 14046 (716) 365-4444 | <input type="checkbox"/> 7D. Alternate Facility: STERICYCLE, INC. 5518 WELDON SPRINGS CLINTON, IL 61727 (217) 835-4700 |
|--|--|--|--|

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ Date _____

8. Ohio Treatment Certification: This is to certify that the Regulated Medical Wastes described above were treated in accordance with state and Federal guidelines.

Final RIA Refrigerated Stock Storage Area Wipe Test



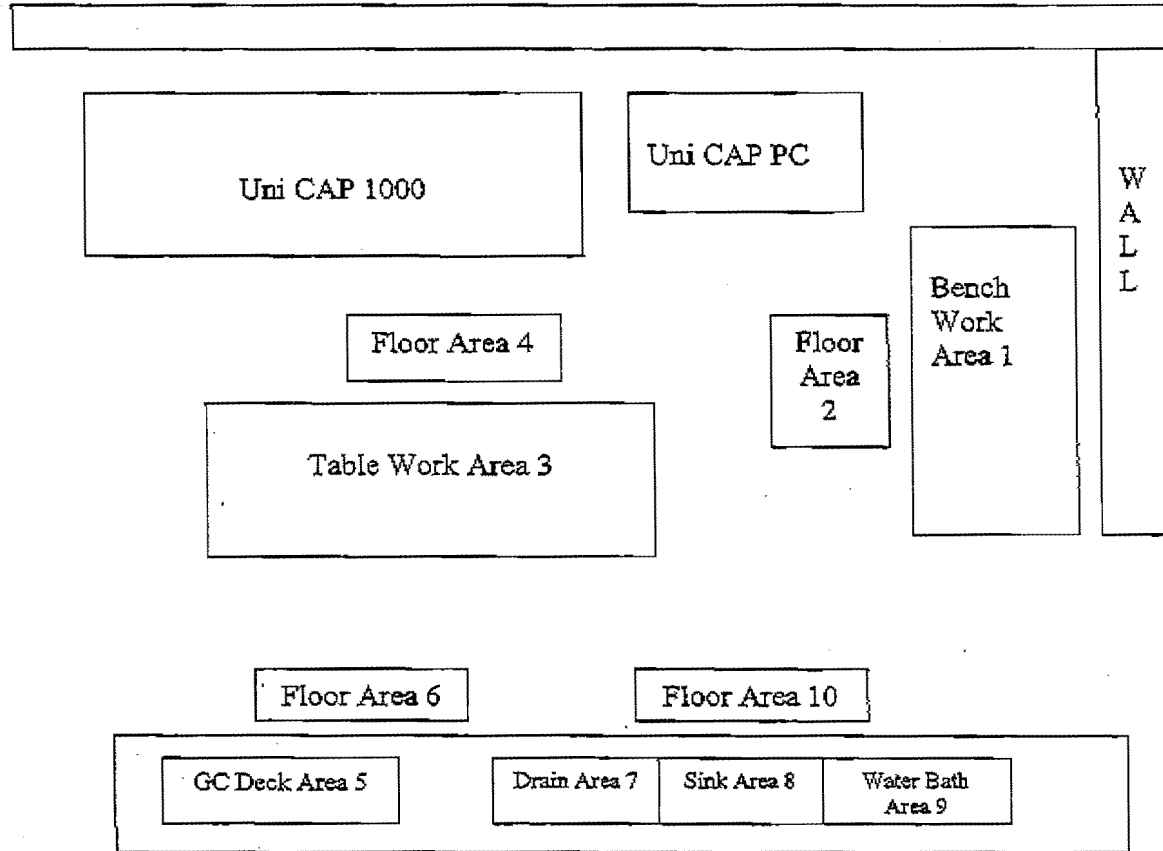
| DATE | AREA #1 | | | AREA #2 | | | AREA #3 | | | AREA #4 | | |
|----------|---------|-------|-----|---------|-------|------|---------|-------|-----|---------|-------|-----|
| | CPM | F EFF | DPM | CPM | F EFF | DPM | CPM | F EFF | DPM | CPM | F EFF | DPM |
| 10/14/10 | 4 | .82 | 4.9 | 17 | .82 | 20.7 | Ø | .82 | Ø | Ø | .82 | Ø |

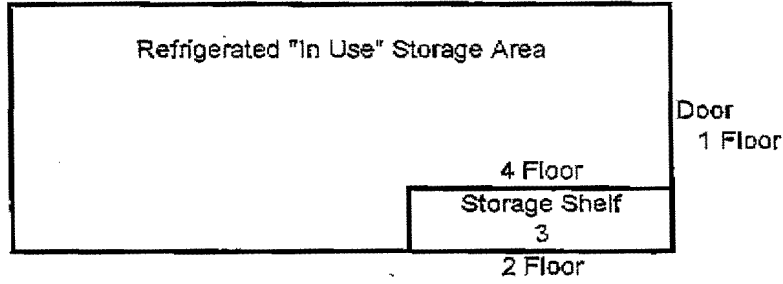
| DATE | AREA #5 | | | AREA #6 | | | AREA #7 | | |
|----------|---------|-------|-----|---------|-------|------|---------|-------|------|
| | CPM | F EFF | DPM | CPM | F EFF | DPM | CPM | F EFF | DPM |
| 10/14/10 | Ø | .82 | Ø | 10 | .82 | 12.2 | 11 | .82 | 13.4 |

C. Longtall
10-14-10

E. Deon

Diagram for RIA Wipe Test Areas

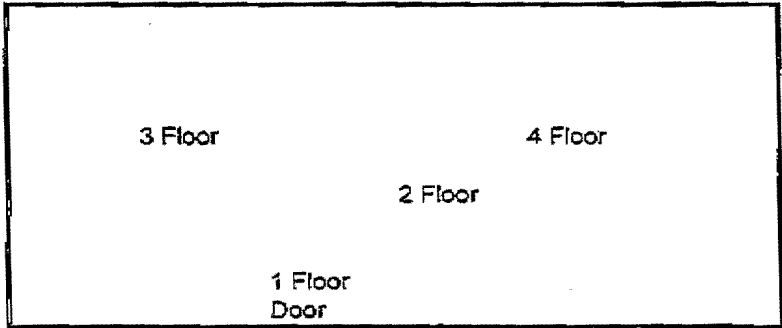




| DATE | AREA #1 | | | AREA #2 | | | AREA #3 | | | AREA #4 | | |
|----------|---------|-------|------|---------|-------|-----|---------|-------|-----|---------|-------|------|
| | CPM | F EFF | DPM | CPM | F EFF | DPM | CPM | F EFF | DPM | CPM | F EFF | DPM |
| 10/14/10 | 10 | .82 | 12.2 | 3 | .82 | 3.7 | 0 | .82 | 0 | 12 | .82 | 14.6 |

C. Zampieri
10-14-10
EDM

Final RIA DECAY IN-STORAGE ROOM Wipe Test



| DATE | AREA #1 | | | AREA #2 | | | AREA #3 | | | AREA #4 | | |
|--------|---------|-------|-----|---------|-------|-----|---------|-------|-----|---------|-------|-----|
| | CPM | F EFF | DPM | CPM | F EFF | DPM | CPM | F EFF | DPM | CPM | F EFF | DPM |
| 1/5/12 | 0 | .82 | 0 | 7 | .82 | 2.4 | 0 | .82 | 0 | 0 | .82 | 0 |

Q

Christina Longstreet (Christina Longstreet)
 Manager.
 1-5-12

Elena Dvorin 03/05/12.
 (Elena DVORIN)
 RSO

WIPE TEST

MTH/YR: 2010

Supervisor's Signature: *C. Longstreet* 8/2/10

| DATE | AREA #1 | | | AREA #2 | | | AREA #3 | | | AREA #4 | | | AREA #5 | | |
|---------|---------|-------|-----|---------|-------|-----|---------|-------|-----|---------|-------|-----|---------|-------|-----|
| | CPM | F EFF | DPM | CPM | F EFF | DPM | CPM | F EFF | DPM | CPM | F EFF | DPM | CPM | F EFF | DPM |
| 8/24/10 | 0 | .81 | 0 | 0 | .81 | 0 | 0 | .81 | 0 | 6 | .81 | 7.4 | 7 | .81 | 8.6 |
| 8/30/10 | ∅ | .82 | ∅ | ∅ | .82 | ∅ | ∅ | .82 | ∅ | 3 | .82 | 3.7 | ∅ | .82 | ∅ |
| 9/2/10 | ∅ | .81 | ∅ | 6 | .81 | 7.4 | ∅ | .81 | ∅ | 8 | .81 | 9.9 | ∅ | .81 | ∅ |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

| DATE | AREA #6 | | | AREA #7 | | | AREA #8 | | | AREA #9 | | | AREA #10 | | | TECH |
|---------|---------|-------|-----|---------|-------|-----|---------|-------|-----|---------|-------|------|----------|-------|-----|------|
| | CPM | F EFF | DPM | CPM | F EFF | DPM | CPM | F EFF | DPM | CPM | F EFF | DPM | CPM | F EFF | DPM | |
| 8/24/10 | 0 | .81 | 0 | 0 | .81 | 0 | 1 | .81 | 1.2 | 12 | .81 | 14.8 | 0 | .81 | 0 | M |
| 8/30/10 | ∅ | .82 | ∅ | ∅ | .82 | ∅ | ∅ | .82 | ∅ | ∅ | .82 | ∅ | ∅ | .82 | ∅ | CM |
| 9/2/10 | ∅ | .81 | ∅ | ∅ | .81 | ∅ | 2 | .81 | 2.5 | 2 | .81 | 2.5 | ∅ | .81 | ∅ | A |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

Final

F EFF = FRACTIONAL EFFICIENCY - EFFICIENCY/1 DPM <100

RIA NO LONGER IN USE 9/2/10
Cecilia Longstreet
 wipe test.xls

INSTRUCTION MANUAL

LUDLUM MODEL 3 SURVEY METER

Revised June 1995
Serial No. 93535 and succeeding
Serial Numbers



LUDLUM MEASUREMENTS, INC.

P.O. Box 810 / 501 Oak Street
SWEETWATER, TEXAS 79556
Phone: 800-622-0828(USA), 915-235-5494
Fax: 915-235-4672

Serving The Nuclear Industry Since 1962

Jul. 9. 2012 1:12PM

Quest Diagnostics

No. 6554 P. 14



Original and Manufacturer of Scientific and Industrial Instruments

CERTIFICATE OF CALIBRATION

LUDLUM MEASUREMENTS, INC. POST OFFICE BOX 810 PH. 325-235-5494 501 OAK STREET FAX NO. 325-235-4672 SWEETWATER, TEXAS 79556, U.S.A.

CUSTOMER QUEST DIAGNOSTICS ORDER NO. 20156164/351620

Mfg. Ludlum Measurements, Inc. Model 3 Serial No. 135805

Mfg. Ludlum Measurements, Inc. Model 44-3 Serial No. RN 16824

Cal. Date 23-Jun-10 Cal Due Date 23-Jun-11 Cal. Interval 1 Year Meterface 202-002

Check mark [x] applies to applicable Instr. and/or detector IAW mfg. spec. T. 73 °F RH 50 % Alt 703.8 mm Hg

[] New Instrument Instrument Received [x] Within Toler. +10% [] 10-20% [] Out of Tol. [] Requiring Repair [] Other-See comments

[x] Mechanical ck. [x] Meter Zeroed [] Background Subtract [] Input Sens. Uncertainty

[x] F/S Resp. ck [x] Reset ck. [] Window Operation [x] Geotropism

[x] Audio ck. [] Alarm Setting ck. [x] Batt. ck. (Min. Volt) 2.2 VDC

[x] Calibrated in accordance with LMI SOP 14.8 rev 12/05/89. [] Calibrated in accordance with LMI SOP 14.9 rev 02/07/97.

Instrument Volt Set 900 V Input Sens. 36 mV Det. Oper. 900 V at 36 mV Threshold Dial Ratio = mV

[] HV Readout (2 points) Ref./Inst. / V Ref./Inst. / V

COMMENTS:

Gamma Calibration: GM detectors positioned perpendicular to source except for M 44-9 in which the front of probe faces source.

Table with 4 columns: RANGE/MULTIPLIER, REFERENCE CAL. POINT, INSTRUMENT REC'D "AS FOUND READING", INSTRUMENT METER READING*. Rows include X 100, X 100, X 10, X 10, X 1, X 1, X 0.1, X 0.1 with corresponding readings like 4K, 1K, 4K, 1K, 4K, 1K, 4K, 1K.

*Uncertainty within ± 10% C.F. within ± 20%

ALL Range(s) Calibrated Electronically

Table with 6 columns: REFERENCE CAL. POINT, INSTRUMENT RECEIVED, INSTRUMENT METER READING*, REFERENCE CAL. POINT, INSTRUMENT RECEIVED, INSTRUMENT METER READING*. Includes a section for Log Scale.

Ludlum Measurements, Inc. certifies that the above instrument has been calibrated by standards traceable to the National Institute of Standards and Technology, or to the calibration facilities of other International Standards Organization members, or have been derived from accepted values of natural physical constants or have been derived by the ratio type of calibration techniques. The calibration system conforms to the requirements of ANSI/NCSL Z540-1-1994 and ANSI N323-1978. State of Texas Calibration License No. LO-1963

Reference Instruments and/or Sources: [] 73410 [] 1131 [] 781 [] 059 [] 289 [] 60646 [] 70897

Cs-137 Gamma S/N [] 1162 [] G112 [] M665 [] 5105 [] T1008 [] T679 [] E662 [] E661 [] 720 [] 734 [] 1616 [] Neutron Am-241 Be S/N T-304

[] Alpha S/N [] Beta S/N [x] Other 1129 # 1087

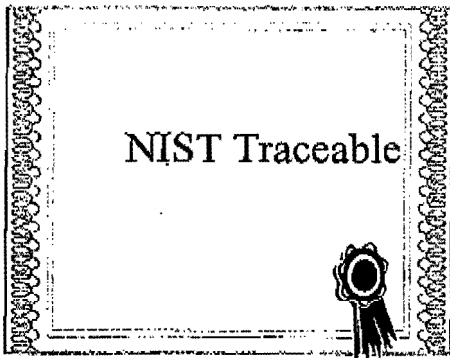
[x] m 500 S/N 189509 [] Oscilloscope S/N [x] Multimeter S/N 71300492

Calibrated By: [Signature] Date 23-Jun-10

Reviewed By: [Signature] Date 23 JUN 10

ISO-CALIBRATORS™ GAMMALOG™ Certificate of Calibration

MP Biomedicals, LLC
Diagnostics Division
29525 Fountain Parkway
Solon, OH 44139



toll free 800.854-0530

fax 800.334-6999

custserv@mpbio.com

*Isocalibrator I¹²⁵
579159 activity
~ 0.4 µCi
expiration
date*

reference order number

606629

08/01/2011

catalog

07-400101

isotope

I-125

halflife(days)

60.0

lot

AUG11MAGred

set of

1

set number

579159

start DPM

203,962

begin on

01Aug2011

Monday

expiry

12Feb2012

Sunday

rad correction

99.7%



400cpm

R B-1-11

NRC FORM 591M PART 1 (05-2012) 10 CFR 2.201 **U.S. NUCLEAR REGULATORY COMMISSION**
SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

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| 1. LICENSEE/LOCATION INSPECTED: Quest Diagnostics Incorporated 4444 Giddings Road Auburn Hills, MI 48326 REPORT NUMBER(S) 2012-001 | 2. NRC/REGIONAL OFFICE Region III U. S. Nuclear Regulatory Commission 2443 Warrenville Road, Suite 210 Lisle, IL 60532-4352 |
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| 3. DOCKET NUMBER(S) 030-17681 | 4. LICENSE NUMBER(S) 21-20044-01 | 5. DATE(S) OF INSPECTION June 27, 2012 |
|---|--|--|

LICENSEE:
 The inspection was an examination of the activities conducted under your license as they relate to radiation safety and to compliance with the Nuclear Regulatory Commission (NRC) rules and regulations and the conditions of your license. The inspection consisted of selective examinations of procedures and representative records, interviews with personnel, and observations by the inspector. The inspection findings are as follows:

1. Based on the inspection findings, no violations were identified.

2. Previous violation(s) closed.

3. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repulsive, and corrective action was or is being taken, and the remaining criteria in the NRC Enforcement Policy, to exercise discretion, were satisfied.

_____ Non-cited violation(s) were discussed involving the following requirement(s):

4. During this inspection, certain of your activities, as described below and/or attached, were in violation of NRC requirements and are being cited in accordance with NRC Enforcement Policy. This form is a NOTICE OF VIOLATION, which may be subject to posting in accordance with 10 CFR 19.11.
 (Violations and Corrective Actions)

Statement of Corrective Actions

I hereby state that, within 30 days, the actions described by me to the inspector will be taken to correct the violations identified. This statement of corrective actions is made in accordance with the requirements of 10 CFR 2.201 (corrective steps already taken, corrective steps which will be taken, date when full compliance will be achieved). I understand that no further written response to NRC will be required, unless specifically requested.

| TITLE | PRINTED NAME | SIGNATURE | DATE |
|---------------------------|--------------------------------------|---------------------------|---------|
| LICENSEE'S REPRESENTATIVE | | | |
| NRC INSPECTOR | Deborah A. Piskura, Health Physicist | <i>Deborah A. Piskura</i> | 6/27/12 |
| BRANCH CHIEF | Hironori Peterson, Acting Chief, MIB | | |

The following additional information is needed to review your request to terminate your NRC License.

Please complete the NRC FORM 314, "Certificate of Disposition of Materials". See the attached documents.

Please be advised that we cannot authorize you to release your facility located at 4444 Giddings Road, Auburn Hills, Michigan, 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 history of all radionuclides used at your facility.
- b. A current copy of the leak test results for the sealed sources used at your facility. Also a history of leaking sealed sources (if any).
- c. A diagram of your 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).
- d. The name of the person performing the survey.
- e. The date the survey was performed.
- f. The instrument(s) used for exposure rate measurements and for analysis of the wipes.
- g. Background readings.
- h. The date that the survey instrument was last calibrated.
- i. Confirm that all radioactive waste has been decayed to background radiation or has been transferred to a radioactive waste broker for disposal. Also, please specify the final disposition of the sealed sources. Please submit a copy of the acknowledgement that the radioactive materials were received by the company where the radioactive materials were shipped for transfer/disposal.

Please call me at 630-829-9839 if you have any questions.

From the desk of:


Bill Reichhold

* * * Communication Result Report (Jul. 5. 2012 1:16PM) * * *

1) Quest Diagnostics
2)

Date/Time: Jul. 5. 2012 12:54PM

| File No. | Mode | Destination | Pg(s) | Result | Page Not Sent |
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Quest Diagnostics Incorporated
 Department Quality Assurance
 Address 4444 Oldford Road Auburn Hills, MI 48326

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FAX COVER SHEET

DATE: 07/05/2012
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 Number of pages including cover sheet: 17

TIME:
 PHONE: 248-669-2672
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Quest Diagnostics Incorporated
Department: Quality Assurance
Address: 4444 Giddings Road Auburn Hills, MI 48236

www.questdiagnostics.com



FAX COVER SHEET

DATE: 07/05/2012

TIME:

TO: Mr. Bill Reicholol
COMPANY: NRC

PHONE: 248-~~648~~ 364-1244
FAX: 248 364-1030

FROM: Elena Dvorin
E-MAIL: ELENA.I.DVORIN@
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