

LICENSEE NAME AND ADDRESS <i>Lakeview Diagnostic          2001 Eleventh Avenue          Port Huron, MI. 48060</i>	LICENSE NUMBER <i>21-32444-01MD</i>	DOCKET NUMBER <i>030-36222</i>
	LICENSE EXPIRATION DATE <i>4/30/2013</i>	

**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:  
*21-32817-01MD*

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 <i>David Schmitt</i>	TITLE <i>Pharmacy Manager</i>	TELEPHONE (Include Area Code) <i>810-650-7993</i>	E-MAIL ADDRESS <i>dschmitt@lakeviewdx.net</i>
------------------------------	----------------------------------	--	--

Mail all future correspondence regarding this license to:  
*Lakeview Diagnostic 36211 Jefferson Ave. Harrison TWP MI. 48045*

**C. CERTIFYING OFFICIAL**

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

PRINTED NAME AND TITLE <i>David Schmitt Pharmacy Manager</i>	SIGNATURE <i>[Signature]</i>	DATE <i>12/10/2012</i>
---	---------------------------------	---------------------------

**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.**

**Lakeview Diagnostic  
Shipment Report**

**CustomerID:** 00029      **Delivery Date/Time:** 12/10/2012 09:15      **Container:** 000  
**Actual Shipment Date/Time:** 10/11/2012 10:41

**Sender:** Lakeview Diagnostic  
2001 11th Avenue  
Port Huron, MI 48060  
810-987-3317

**Receiver:** Lakeview Diagnostic, LLC- Harrison Tnshp  
36211 Jefferson Ave  
Harrison Township, MI 48045  
(586) 466-6260  
License: 21-32817-01MD exp: 05/31/2021

**BILL OF LADING**

**RADIOACTIVE MATERIAL, TYPE-A PACKAGE, 7, UN 2915**

Serial #	Product	Cal. Date/Time	Total Amount	Quantity	Activity at Time of Shipment	Isotope	Form
32618	Cs-137 Source	02/01/200 00:00	251.80 uCi	1	0.01 GBq (0.20 mCi)	Cs137	solid
33753	Cs-137 Source	03/01/200 00:00	0.113 uCi	1	0.00 GBq (0.00 mCi)	Cs137	solid
33837	Ba-133 Source	03/01/200 00:00	263.50 uCi	1	0.01 GBq (0.14 mCi)	Ba133	solid
1333-13-2	Co-57 Source	11/01/200 00:00	0.102 uCi	1	0.00 GBq (0.00 mCi)	Co57	solid
32422	Ba-133 Source	01/01/200 00:00	0.116 uCi	1	0.00 GBq (0.00 mCi)	Ba133	solid

**DOT Label:** NONE      **Total Activity at Shipping:** 0.013 GBq      **(0.341 mCi)**  
**Trans. Index at 1 Meter:** N/A

This is to certify that the above-named materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation (DOT).

**One Meter Reading (mR/hr):** 0.00

**RECEIPT SECTION**

Type of Package Received:  NONE  WHITE I  YELLOW II  YELLOW III  
Survey Meter Serial #: \_\_\_\_\_ Wipe Test Instrument Serial #: \_\_\_\_\_  
Background (mR/hr): \_\_\_\_\_ Background (CPM): \_\_\_\_\_  
Surface Reading (mR/hr): \_\_\_\_\_ Surface (CPM): \_\_\_\_\_  
Trans. Index at 1 Meter: \_\_\_\_\_ Surface (DPM): \_\_\_\_\_  
Condition of Container: \_\_\_\_\_ Area (cm<sup>2</sup>): \_\_\_\_\_

**Received By:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**RETURN TO SENDER/DISPOSAL SECTION** (to be performed by the customer - DOT Requirement)

Returned To: Lakeview Diagnostic

- o No point on surface exceeds 0.5 mR/hr
- o Removable Surface Contamination < 22 DPM/cm<sup>2</sup>
- o Contents meet the activity requirements for "Limited Quantity" return

**Returned By:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_  
**Picked Up By:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Shipping:**      **Shipped By:** Barbara Riedel      **Date:** 10/11/2012      **Time:** 10:41  
**Emergency Phone Number:** 810-987-3317

# Sealed Source Leak Test

## Lakeview Diagnostic

2001 11th Avenue

Port Huron, MI 48060

21-32444-01 EXP 04/30/2013

FACILITY NAME/ADDRESS:  
Lakeview Diagnostic, LLC  
2001 11th Avenue  
Port Huron, Michigan 48060

DATE PERFORMED: 10/11/2012 09:17

NEXT DUE DATE: 04/11/2013

### INSTRUMENT INFORMATION:

Model Number: CAPRAC  
Manufacturer: Capintec  
Serial Number: 000572

Efficiency: 94.387 %  
Action Limit: 0.005 uCi

### SOURCE INFORMATION:

Nuclide: Ba133  
Source Type: Ba-133 Source  
Manufacturer: North American Scientific

Serial Number: 33837  
Calibration Amt: 263.50 uCi  
Calibration D/T: 03/01/2003 00:00

### LEAK TEST DATA:

Measurement	Wipe (CPM)	Background (CPM)	NET (CPM)	NET (DPM)	NET (uCi)	PASS/FAIL
1	0	0	0	0	0.000000	PASS
2	0	0	0	0	0.000000	PASS
3	0	0	0	0	0.000000	PASS
Average	0	0	0	0	0.000000	PASS

### NOTES:

NET (CPM) = Wipe (CPM) - Background (CPM)

NET (DPM) = NET (CPM) / Efficiency

NET (uCi) = NET (DPM) /  $2.2 \times 10^6$  DPM/uCi

If leak test results are greater than 0.005 uCi of removable contamination, the source is to be removed from use.

Used Caprac B, Background is always automatically subtracted

# PASSED

TEST COMMENTS: PASSED

### TEST DATA:

Performed by:

  
Benjamin Fugate  
Tech

Licensee: Lakeview Diagnostic

Registration: 21-32444-01 EXP 04/30/2013

Prepared by: Barbara Riedel

Printed: 12/10/2012 9:25:27 AM

Sealed Source Leak Test ID: 11

Page: 1

## Sealed Source Leak Test

### Lakeview Diagnostic

2001 11th Avenue  
Port Huron, MI 48060  
21-32444-01 EXP 04/30/2013

FACILITY NAME/ADDRESS:  
Lakeview Diagnostic, LLC  
2001 11th Avenue  
Port Huron, Michigan 48060

DATE PERFORMED: 10/11/2012 09:17

NEXT DUE DATE: 04/11/2013

#### INSTRUMENT INFORMATION:

Model Number: CAPRAC  
Manufacturer: Capintec  
Serial Number: 000572

Efficiency: 30.18 %  
Action Limit: 0.005 uCi

#### SOURCE INFORMATION:

Nuclide: Cs137  
Source Type: Cs-137 Source  
Manufacturer: North American Scientific

Serial Number: 32618  
Calibration Amt: 251.80 uCi  
Calibration D/T: 02/01/2003 00:00

#### LEAK TEST DATA:

Measurement	Wipe (CPM)	Background (CPM)	NET (CPM)	NET (DPM)	NET (uCi)	PASS/FAIL
1	0	0	0	0	0.000000	<b>PASS</b>
2	0	0	0	0	0.000000	<b>PASS</b>
3	0	0	0	0	0.000000	<b>PASS</b>
Average	0	0	0	0	0.000000	<b>PASS</b>

#### NOTES:

NET (CPM) = Wipe (CPM) - Background (CPM)

NET (DPM) = NET (CPM) / Efficiency

NET (uCi) = NET (DPM) /  $2.2 \times 10^6$  DPM/uCi

If leak test results are greater than 0.005 uCi of removable contamination, the source is to be removed from use.

Used Caprac B, Background is always automatically subtracted

# PASSED

TEST COMMENTS: PASSED

#### TEST DATA:

Performed by: 

Benjamin Fugate  
Tech

Licensee: Lakeview Diagnostic

Registration: 21-32444-01 EXP 04/30/2013

Prepared by: Barbara Riedel

Printed: 12/10/2012 9:25:51 AM

Sealed Source Leak Test ID: 12

Page: 1

**CERTIFICATE OF INSTRUMENT CALIBRATION**

*SURVEY  
 METER  
 B*

<b>Location:</b>	Lakeview Diagnostic LLC 36211 Jefferson Harrison Twp, MI 48045
<b>Instrument/Mfgr:</b>	Ludlum
<b>Type:</b>	GM
<b>Model Number:</b>	14C
<b>Serial Number:</b>	192093
<b>Probe Type:</b>	Pancake
<b>Calibration Geometry:</b>	Parallel

Calibration Source

Nuclide	Exposure Rate	Calibration Accuracy
Cs-137	44.2 mR/hr @ 1 meter on 02/15/91. Traceable to N.I.S.T.	± 1.5%

NRC License: 21-26253-01

**CALIBRATION DATA**

Scale	Exposure (mR/hr)	Reading (mR/hr)	Exposure (mR/hr)	Reading (mR/hr)
x 1000	1600	1600	400	400
x 100	160	160	40	40
x 10	16	16	4	4
x 1	1.6	1.6	0.4	0.4
x 0.1	0.15	0.15	0.06	0.06

<b>Battery Check:</b>	O.K.	<b>Dedicated Source Check:</b>	13 mR/hr
<b>Comments:</b>			
<b>Calibrated By:</b>	Ray A. Carlson, M.S. <i>RAC</i>	<b>Date:</b>	June 3, 2012

# Survey Meter Validation Report

## Lakeview Diagnostic

2001 11th Avenue

Port Huron, MI 48060

21-32444-01 EXP 04/30/2013

Date: from 10/12/2012 to 10/12/2012

Meter: GM Meter #B  
Model: 14-C

Serial #: 192093  
Description: GM Meter

Action Limit: 20.00%

Date	Time	Probe	Source	Bkgd	Net	Predicted	% Dev	Battery	Performed By	Notes
10/12/2012	08:22	Ludlum Measurements Inc 44-9	Spectrum Techinques Cs137 Check Source - Meter #B	0.02	12.98	12.36	5.02	PASS	Barbara Riedel	

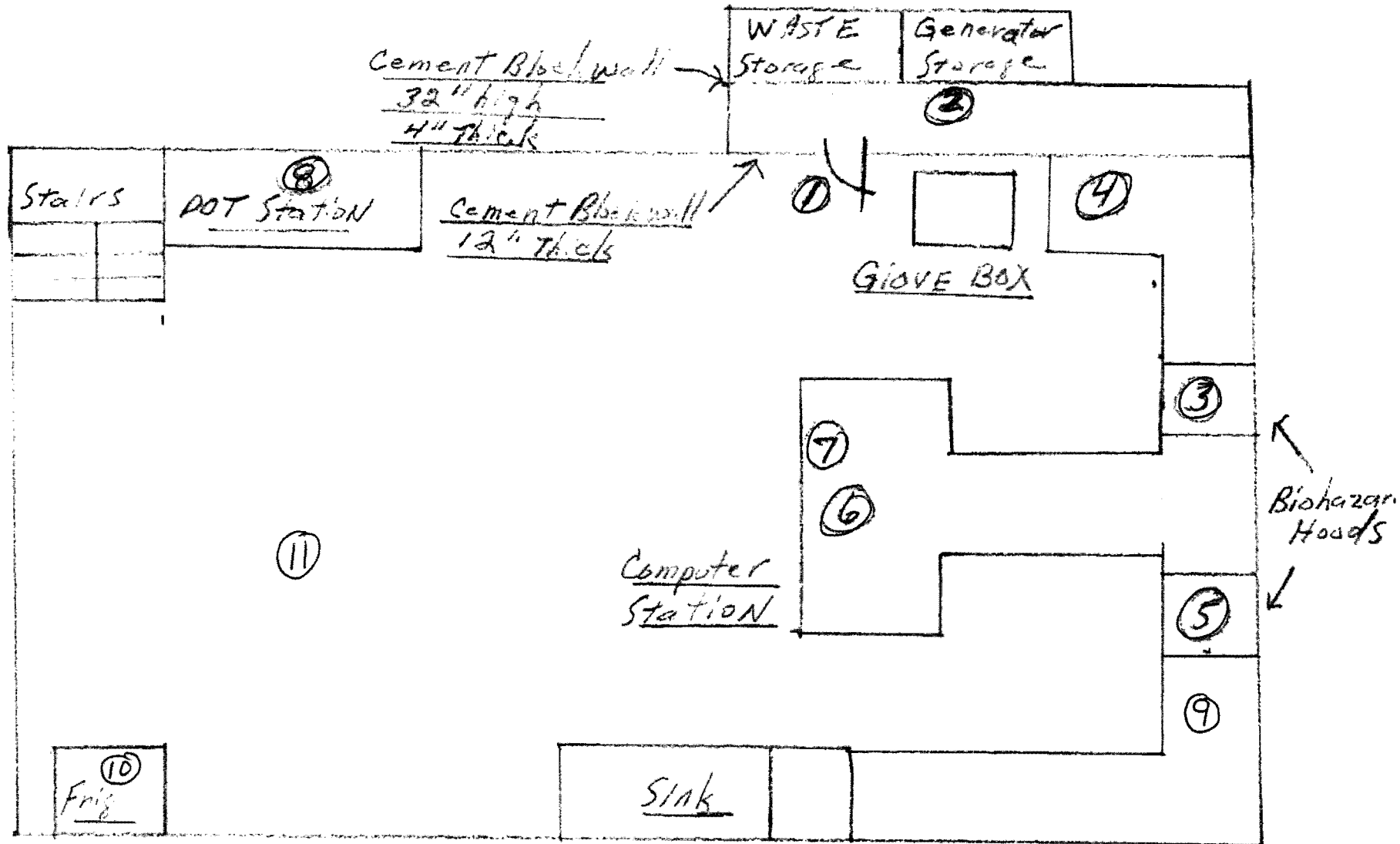
The above report indicates all of the Meter Constancy test(s) have passed.

Technologist Signature: \_\_\_\_\_

RSO. Signature: \_\_\_\_\_

Printed: 12/10/2012 8:25:30 AM

# AREA SUREY AND WIPES



# Area Wipe Report

Lakeview Diagnostic  
2001 11th Avenue  
Port Huron, MI 48060  
21-32444-01 EXP 04/30/2013

Group: Group 1 Pharmacy		Description:					Background	0 Count(s) =>	0 CPM
Date: 10/12/2012	Time: 08:08	Name: Benjamin Fugate - (BF)				Efficiency Date: 8/9/2012	Efficiency: 30.18 %		
Meter: CAPRAC B	Mfr: Capintec	Mdl: CAPRAC	S/N: 000572			Count Time: 1 min(s)			
Probe: CAPRAC Well Counter - B	Mfr: Capintec	Mdl: WELL COUNTER	S/N: 000572						
Item Name	Interval Count	Gross CPM Value	Net CPM Value	Net DPM Value	Trigger Limit DPM	Notes		Pass/Fail	
5 Biohazard Hood B	0	0	0	0	200.00			Pass	
3 Biohazard Hood A	0	0	0	0	200.00			Pass	
8 DOT Station	0	0	0	0	200.00			Pass	
9 Drawing Station	0	0	0	0	200.00			Pass	
2 Generator Counter	0	0	0	0	200.00			Pass	
1 Hot Lab Door	0	0	0	0	200.00			Pass	
6 Island Counter	0	0	0	0	200.00			Pass	
7 Phone By Computer	0	0	0	0	200.00			Pass	
4 Phone By Glove Box	0	0	0	0	200.00			Pass	
10 Refrigerator	0	0	0	0	200.00			Pass	
11 Utility Carts	0	0	0	0	200.00			Pass	

### TEST COMMENTS:

Final Area Wipe Test- Pharmacy

# PASSED

### TEST DATA:

Performed by:

  
Benjamin Fugate  
Tech

Licensee: Lakeview Diagnostic

Registration: 21-32444-01 EXP 04/30/2013



## Area Survey Report

Lakeview Diagnostic  
2001 11th Avenue  
Port Huron, MI 48060  
21-32444-01 EXP 04/30/2013

Group: Group 1 Pharmacy

Description: Pharmacy

Date: 10/12/2012 Time: 08:47

Name: Barbara Riedel - (BR)

Background 0.02 mR/hr

Meter: GM Meter #B

Mfr: Ludlum

Mdl: 14-C

S/N: 192093

Efficiency Date: 6/3/2012

Efficiency: 100

Probe: Pancake #2

Mfr: Ludlum

Mdl: 44-9

S/N: PR 198858

Item Name	Gross Value	Net Value	Corrected Value	Trigger Limit	Notes
5 Biohazard Hood B	0.02	0.00	0.00	0.20	Pass
3 Biohazard Hood A	0.02	0.00	0.00	0.20	Pass
8 DOT Station	0.02	0.00	0.00	0.20	Pass
9 Drawing Station	0.02	0.00	0.00	0.20	Pass
2 Generator Counter	0.02	0.00	0.00	0.20	Pass
1 Hot Lab Door	0.02	0.00	0.00	0.20	Pass
6 Island Counter	0.02	0.00	0.00	0.20	Pass
7 Phone By Computer	0.02	0.00	0.00	0.20	Pass
4 Phone By Glove Box	0.02	0.00	0.00	0.20	Pass
10 Refrigerator	0.02	0.00	0.00	0.20	Pass
11 Utility Carts	0.02	0.00	0.00	0.20	Pass

TEST COMMENTS: Final Area Survey- Pharmacy; Action level is anything greater than background

Final Area Survey- Pharmacy; Action level is anything greater than background

# PASSED

TEST DATA:

Performed by:

  
Benjamin Fugate  
Tech

Licensee: Lakeview Diagnostic

Registration: 21-32444-01 EXP 04/30/2013

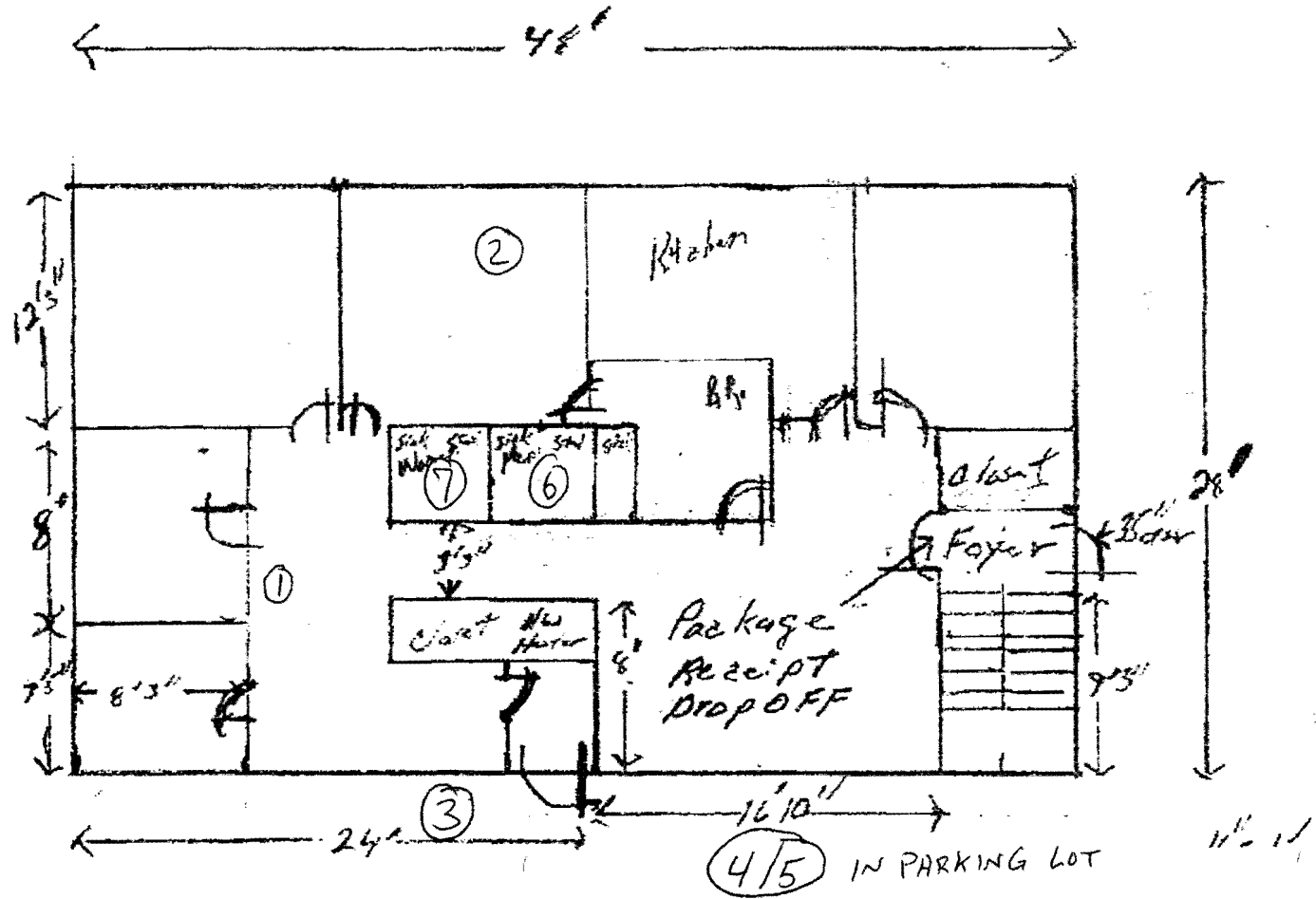
# AREA SURVEY AND WIPES

All 3' doorways

Lakeview Diagnostic  
2001 Eleventh Avenue  
Port Huron, MI 48060

Attachment Item #9

## MAIN FLOOR



## Area Wipe Report

Lakeview Diagnostic  
 2001 11th Avenue  
 Port Huron, MI 48060  
 21-32444-01 EXP 04/30/2013

Group: Group 2 Non-Pharmacy		Description:						Background	0 Count(s) =>	0 CPM
Date: 10/12/2012	Time: 08:07	Name: Benjamin Fugate - (BF)				Efficiency Date: 8/9/2012		Efficiency: 30.18 %	Count Time: 1 min(s)	Pass/Fail
Meter: CAPRAC B	Mfr: Capintec	Mdl: CAPRAC	S/N: 000572							
Probe: CAPRAC Well Counter - B	Mfr: Capintec	Mdl: WELL COUNTER	S/N: 000572							
Item Name	Interval Count	Gross CPM Value	Net CPM Value	Net DPM Value	Trigger Limit DPM	Notes				
1 Barb's Desk	0	0	0	0	200.00				Pass	
2 Dave's Desk	0	0	0	0	200.00				Pass	
3 Front Porch Outside	0	0	0	0	200.00				Pass	
4 Honda CR-v (3)	0	0	0	0	200.00				Pass	
5 Honda Odyssey	0	0	0	0	200.00				Pass	
6 Men's Room	0	0	0	0	200.00				Pass	
7 Women's Room	0	0	0	0	200.00				Pass	

**TEST COMMENTS:**

Final Area Wipe Test- Non Pharmacy

PASSED

**TEST DATA:**

Performed by:

  
 Benjamin Fugate  
 Tech

Licensee: Lakeview Diagnostic

Registration: 21-32444-01 EXP 04/30/2013

# Area Survey Report

Lakeview Diagnostic  
2001 11th Avenue  
Port Huron, MI 48060  
21-32444-01 EXP 04/30/2013

Group: Group 2 Non-Pharmacy

Description: Out of Pharmacy

Date: 10/12/2012      Time: 08:46      Name: Barbara Riedel - (BR)      Background      0.02 mR/hr  
Meter: GM Meter #B      Mfr: Ludlum      Mdl: 14-C      S/N: 192093      Efficiency Date: 6/3/2012      Efficiency: 100  
Probe: Pancake #2      Mfr: Ludlum      Mdl: 44-9      S/N: PR 198858

Item Name	Gross Value	Net Value	Corrected Value	Trigger Limit	Notes
1 Barb's Desk	0.02	0.00	0.00	0.20	Pass
2 Dave's Desk	0.02	0.00	0.00	0.20	Pass
3 Front Porch Outside	0.02	0.00	0.00	0.20	Pass
4 Honda CR-v (3)	0.02	0.00	0.00	0.20	Pass
5 Honda Odyssey	0.02	0.00	0.00	0.20	Pass
6 Men's Room	0.02	0.00	0.00	0.20	Pass
7 Women's Room	0.02	0.00	0.00	0.20	Pass

TEST COMMENTS: Final Area Survey- Non Pharmacy; Action level is anything greater than background  
Final Area Survey- Non Pharmacy; Action level is anything greater than background

**PASSED**

TEST DATA:

Performed by:

  
Benjamin Fugate  
Tech

Licensee: Lakeview Diagnostic

Registration: 21-32444-01 EXP 04/30/2013



IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-424-8300

Route # 502 - 13

CUSTOMER NO. 31932

MDFL0022JO

1. Generator's Name, Address and Telephone Number

ATTN: David Schmitt  
 Lakeview Diagnostic  
 2001 11th Ave  
 Rott Huron, MI 48060



(810) 987-3317

7/5/2011

CUSTOMER NUMBER 2011767-001

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	EX24 - Sharps Box (19 5/8" x 14 3/8" x 26 5/8" - 4.4 cu ft)		Cu Fl.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI	TB01 - 30 Gal Reusable (18" x 18" x 24" - 4.0 cu ft)		Cu Fl.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI	TE04 - 28 Gal Reusable (22" x 22" x 23" - 3.7 cu ft)	5	18.5 Cu Fl.
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 Fl.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI	WS19 - Small Box (11 5/8" x 11 5/8" x 23 3/8" - 1.9 cu ft)		Cu Fl.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI	WS43 - Med. Box (17 5/8" x 17 5/8" x 23 3/8" - 4.3 cu ft)		Cu Fl.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI	SH24/SH15 - Large Sharps (19" x 16 1/2" x 12" - 2.1 cu ft)		Cu Fl.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI	SH14/SH84 - 8 Gal Sharps (18" x 16 1/2" x 10" - 1.7 cu ft)		Cu Fl.
		<b>TOTALS</b>	5 18.5 Cu Fl.

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."

Print/Typed Name Barbara Riedel

Signature [Signature] Date 7/5/11

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:

STERICYCLE INC  
 3400 Chief Drive  
 Holly, MI 48442

This is a Through Shipment

Phone #: 810-987-3317  
 Applicable Permit Numbers: 606-1992

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name Bob Smith Signature [Signature] Date 7/5/11

NY-IL-033 OE-00-T-00199  
 Decal# PA-0196 IL PIN#-9009  
 Date 7/5/11

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:

STERICYCLE, INC 28161 N KEITH DR LAKE FOREST, IL 60045

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

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

Print/Type Name \_\_\_\_\_ Signature \_\_\_\_\_

NY-IL-033 OE-00-T-00199  
 Decal# PA-0196 IL PIN#-9009

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:

STERICYCLE, INC. 28161 N KEITH DR LAKE FOREST, IL 60045

Phone #: (800) 643-2400  
 Applicable Permit Numbers:

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

Print/Type Name \_\_\_\_\_ Signature \_\_\_\_\_

NY-IL-033 OE-00-T-00199  
 Decal# PA-0196 IL PIN#-9009

7. DISCREPANCY INDICATION

TREATMENT FACILITY

7A. Designated Facility:

STERICYCLE, INC.  
 1301 E ALEXIS ROAD  
 TOLEDO, OH 43612  
 (419) 729-8005  
 EPA#: AUTOCLAVE

7B. Alternate Facility:

STERICYCLE, INC.  
 1901 PINE AVE. SE  
 WARREN, OH 44483  
 (330) 393-0385  
 EPA#: 0278080636

7C. Alternate Facility:

STERICYCLE, INC  
 3472 PROGRESS DR  
 DUNKIRK, NY 14048  
 (716) 366-4444

7D. Alternate Facility:

STERICYCLE, INC.  
 5815 WELDON SPRINGS  
 CLINTON, IL 61727  
 (217) 935-4700

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 Becky McCoy Signature [Signature] Date 7/5/11

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

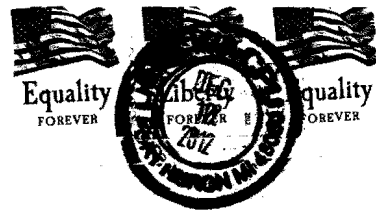
Print/Type Name Becky McCoy Signature [Signature] Date 7/5/11

ORIGINAL



**LAKEVIEW  
DIAGNOSTIC, L.L.C.**

2001 11th Avenue  
Port Huron, MI 48060



**CPU** U.S. POSTAGE  
**\$ 4.650**  
PB 1P 000  
3660960  
PRML  
0006  
MAILED DEC 12 2012  
48060



Visit us at [usps.com](http://usps.com)

Label 107R, January 2008

Materials Licensing Section  
U.S. Nuclear Regulatory Commission, Region III  
2443 Warrenville Road, Suite 210  
Lisle, IL 60532-4352

United States Postal Service®  
**DELIVERY CONFIRMATION™**



0312 2850 0000 0667 0669



Visit us at [usps.com](http://usps.com)

Label 107R, January 2008