

JAMES E. ZUCKERMAN M.D.
JOHN CUMING BUILDING
CONCORD, MASSACHUSETTS 01742

DIPLOMATE AMERICAN BOARD OBSTETRICS AND GYNECOLOGY

TELEPHONE 300-0359

030-28916

August 24, 1988

John D. Kinneman
Chief, Nuclear Materials Safety Section A
Division of Radiation Safety and Safeguards
United States Nuclear Regulatory Commission
Region 1
475 Allendale Road
King of Prussia, Pennsylvania 19406

Dear Mr. Kinneman :

I wish to terminate my license for Gadolinium.
The source material has been returned to the Manufacturer, the Amersham - Searle Corporation in Chicago.

The source has been returned by shipment via Federal Express in an approved container supplied by Amersham-Searle.

The source has been in the possession of the Radiation Control Program of the Department of Public Health, Commonwealth of Massachusetts. Mr. Thomas J. Matthews has been helpful in the details of shipping the source to the manufacturer.

By this letter I hope to have answered your comments of Feb. 02, 1988.

FEE EXEMPT
Termination

Sincerely,

James E Zuckerman
James E. Zuckerman, MD

RECEIVED
83 OCT 29 10:12

RECEIVED BY LIMS	
Date	11/2/88
Log	<i>Nov 1 I</i>
By	<i>J. Kimberly</i>
Date Completed	11/2/88

encl./ NRC Form 314.

9001190095 881118
REG1 LIC30
20-20916-01 PDR

RECEIVED-REG-1
1988 AUG 29 PM 3:00

"OFFICIAL RECORD COPY" ML 10

109514

AUG 29 1988

CERTIFICATE OF DISPOSITION OF MATERIALS

(All items MUST be completed, please print)

LICENSEE NAME AND ADDRESS James E. Zuckerman, MD 520 John Cuming Building Concord, Massachusetts 01742	LICENSE NUMBER 20-20916 - 01
	LICENSE EXPIRATION DATE

THE LICENSEE OR ANY INDIVIDUAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE LICENSEE CERTIFIES THAT: (Check and/or complete the appropriate item(s) below.)

A. MATERIALS DATA (Check one and complete, as necessary)

1. NO MATERIALS HAVE EVER BEEN POSSESSED OR PROCURED BY THE LICENSEE UNDER THIS LICENSE.
- OR
2. ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSEE UNDER THE LICENSE NUMBER CITED ABOVE HAVE BEEN TRANSFERRED ON
- | | | |
|------|----|------------------------------|
| DATE | TO | WHICH HAS NRC LICENSE NUMBER |
| | | |
- OR
3. ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSEE UNDER THE LICENSE NUMBER CITED ABOVE HAVE BEEN TRANSFERRED ON
- | | | | |
|------|----|--------------------------|------------------------|
| DATE | TO | WHICH HAS LICENSE NUMBER | ISSUED BY THE STATE OF |
| | | | |
- OR
4. MATERIALS HAVE BEEN DISPOSED OF IN THE FOLLOWING MANNER. (Describe specific disposal procedures—if additional space is needed, use the reverse of this form, or provide attachments)

The Gadolinium source has been returned to the manufacturer in the proper container (supplied By Amersham -Searle) and transported from the office of Mr. thomas J. Matthews, Radiation Control Officer, Department of Public Health, Commonwealth of Massachusetts.

The source was transported by Federal Express to the Amersham Searle Corporation. I will forward the documents of receipt as soon as I receive them.

B. OTHER DATA

1. OUR LICENSE HAS NOT YET EXPIRED; PLEASE TERMINATE IT.
2. WAS A RADIATION SURVEY CONDUCTED TO CONFIRM THE ABSENCE OF LICENSED RADIOACTIVE MATERIALS AND TO DETERMINE WHETHER ANY CONTAMINATION REMAINS ON THE PREMISES COVERED BY THE LICENSE? (Check one)
- | |
|--|
| <input checked="" type="checkbox"/> NO |
| <input type="checkbox"/> YES, THE RESULTS (Check one) |
| <input type="checkbox"/> ARE ATTACHED, OR |
| <input type="checkbox"/> WERE FORWARDED TO NRC ON (Date) |

3. THE PERSON TO BE CONTACTED REGARDING THE INFORMATION PROVIDED ON THIS FORM
- | | | | |
|------|------------------------|------------------|--------------|
| NAME | James E. Zuckerman, MD | TELEPHONE NUMBER | 508 369 9359 |
|------|------------------------|------------------|--------------|
4. MAIL ALL FUTURE CORRESPONDENCE REGARDING THIS LICENSE TO
- James E. Zuckerman, MD
- 520 John Cuming Building Concord, Massachusetts 01742

RETURN TO: DIRECTOR, DIVISION OF FUEL CYCLE AND MATERIAL SAFETY OFFICE OF NUCLEAR MATERIAL SAFETY AND SAFEGUARDS U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555	CERTIFYING OFFICIAL SIGNATURE _____ DATE _____ PRINTED NAME AND TITLE _____
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(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM
AND
REGIONAL LICENSING SECTIONS

PROGRAM CODE: 02201
STATUS CODE: 0
FEE CATEGORY: 7C
EXP. DATE: 19901031
FEE COMMENTS: -----

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

APPLICANT/LICENSEE: ZUCKERMAN, M.D., JAMES
RECEIVED DATE: 880829
DOCKET NO: 3028916
CONTROL NO.: 109514
LICENSE NO.: 20-20916-01
ACTION TYPE: TERMINATION

2. FEE ATTACHED

AMOUNT: \$0-----
CHECK NO.: -----

3. COMMENTS

SIGNED S. J. Brown
DATE 88-10-24

B. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED /_/_/)

1. FEE CATEGORY AND AMOUNT: 7C

FEE EXEMPT

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:
AMENDMENT -----
RENEWAL -----
LICENSE -----

Termination

3. OTHER -----

SIGNED S. Kemperley
DATE 11/27/88