

VOID SHEET

Apr. 11^I L 9
EX 9C
110535

TO: License Fee Management Branch
FROM: REGION I
SUBJECT: VOIDED APPLICATION

Control Number: 110535

Applicant: BARI, M.D., F.C.A.P., A.S.

Date Voided: 4-11-89

Reason for Void: NOT NECESSARY AT THIS TIME. REQUEST FOR
TERMINATION NOT SUBMITTED BY LICENSEE

EMW
Signature

4-11-89
Date

Attachment:
Official Record Copy of
Voided Action

FOR LFMB USE ONLY

Final Review of VOID Completed:

Refund Authorized and processed

No Refund Due

Fee Exempt or Fee Not Required

Comments: _____

Log completed

Processed by: AKentel

9003070302 B90411
REG1 LIC30
29-27980-01 PDR

OFFICIAL RECORD COPY ML 10

1/4

CONVERSATION RECORD

TIME 9:30 AM

DATE April 12 1989

TYPE VISIT CONFERENCE TELEPHONE

INCOMING
 OUTGOING

ROUTING	
NAME/SYMBOL	INT

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

Dr. Parmer

ORGANIZATION (Office, dept., bureau, etc.)

Kimball Med Center (201) 363-1907

TELEPHONE NO.

SUBJECT

Barri Lic # 29-27980-01

Licensing Action Kimball Med Ctr 29-14017-01

SUMMARY

Kimball Medical Center President Joseph Seghella requested to terminate Dr. Barri's License. Dr. Parmer was told Dr. Barri must request termination and file a 314 form. I have requested this form be mailed to Dr. Barri - he will be returning later in the year. In addition, Dr. Parmer would like to be added on Kimball Medical Center's license as an authorized user for in vitro studies not as a supervised user. This will be handled after the amendment request under Lic # 29-27980-01 is voided.

ACTION REQUIRED

re-assign amendment

NAME OF PERSON DOCUMENTING CONVERSATION

J STAMBAUGH

SIGNATURE

J Stambaugh

DATE

89/04/11

ACTION TAKEN

OFFICIAL RECORD COPY ML 10

SIGNATURE

TITLE

DATE

MS = 10
840410 ✓

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM
AND
REGIONAL LICENSING SECTIONS

: PROGRAM CODE: 02209
: STATUS CODE: 0
: FEE CATEGORY: EX 7C
: EXP. DATE: 19920331
: FEE COMMENTS: 0LQ_35_31_SEE_674
:

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

APPLICANT/LICENSEE: BASRI M.D., F.C.A.P., A.S.
RECEIVED DATE: 890303
DOCKET NO: 3029B24
CONTROL NO.: 110535
LICENSE NO.: 29-27980-01
ACTION TYPE: TERMINATION

*Comd. not necessary
See void sheet
(voided 4/11)*

2. FEE ATTACHED

AMOUNT: \$00
CHECK NO.: 000

3. COMMENTS

SIGNED R. J. Brown
DATE 89-04-10

1. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED 1..7)

1. FEE CATEGORY AND AMOUNT: EX 7C

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:

AMENDMENT _____
RENEWAL _____
LICENSE _____

3. OTHER _____

SIGNED _____
DATE 7/24/19