NOTE TO: License Fee Management Branch, ADM

FROM: Region 3

SUBJECT: VOIDED APPLICATION

Control Number 83399

Applicant Tri State Medical Inc.

Date Voided 7/23/87

Reason for Void Licensee never submitted fee and telecon determined license was not required at present time See attached telecon.

Signature L. J. Bruston

Attachment:
Application

8804080007 870723
REG3 LIC30
21-24951-01 DC

CONVERSATION RECORD

TIME 11:00AM | DATE 3/7/88

TYPE: ☐ VISIT ☐ CONFERENCE ☒ TELEPHONE ☐ INCOMING ☒ OUTGOING

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU	ORGANIZATION (Office, dept., bureau, etc.)	TELEPHONE NO.
Abul M Meghani	Tri-State Medical Inc	(313) 350-8333

ROUTING

NAME/SYMBOL	INT

SUBJECT: Application dated 4/15/87 (CN 83399) for redistribution license

SUMMARY: Contacted Mr. Meghani regarding this pending action & the fact that they had not submitted a fee for a new license.

Mr Meghani stated that he never takes possession of the in vitro kits - they ship directly to general licensees who are his clients. Mr Meghani is merely a middleman who coordinates ordering, shipping & general license requirements for his clients. Advised him that if he takes possession of the kits - he will need a specific license to redistribute. Mr. Meghani stated that he will resubmit this request in the future if he determines the need for a specific license.

ACTION REQUIRED

Void CN 83399 and send Mr Meghani necessary forms for resubmitting at a later date.

NAME OF PERSON DOCUMENTING CONVERSATION	SIGNATURE	DATE
	P. J. Bretton	3/7/88

ACTION TAKEN

SIGNATURE	TITLE	DATE