CONVERSATION RECORD		
NAME OF PERSON(S)/TITLE CONTACTED OR IN CONTACT WITH YOU	DATE OF CONTACT	TYPE OF CONVERSATION
Ray A. Carlson	10/29/2021	E-MAIL
E-MAIL ADDRESS	TELEPHONE NUMBER	TELEPHONE
rayacarlson@att.net	(734) 395-7361	OUTGOING
ORGANIZATION	DOCKET NUMBER(S)	
Heart and Vascular Institute	030-38248	
LICENSE NAME AND NUMBER(S)	MAIL CONTROL NUMBER(	S)
Heart and Vascular Institute 21-32784-01	CN 628610	
Pending NRC License Merger Request - Additional I  SUMMARY AND ACTION REQUIRED (IF ANY)  This is a record of the conversation between Laura C	·	arlson representing Heart and
Vascular Institute regarding the recent acquisition of To continue with combining the licenses, the followin both licensees.	•	
<ol> <li>Heart and Vascular Institute (License No. 21-3278 Provide a signed and dated letter that includes fact the license.</li> </ol>		new location to be authorized on
<ol> <li>Michigan Cardiology Associates (License No. 21-3         Provide a completed copy of NRC Form 314 requered pending transfer of licensed material upon NRC approaches of survey results and leak tests for sealed or facility contamination.     </li> </ol>	esting the termination pproval of the describ	ed license merger. Provide facility
Please note that both the amendment and termination responsibility over a single facility is not split between above requested items by no later than November 1 appropriate licensee representatives.	n two parties.  Please	provide your responses to the
NAME OF PERSON DOCUMENTING CONVERSATION		
Laura B. Cender		
SIGNATURE		DATE OF SIGNATURE 10/29/2021

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