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Date 12/22/2023

NRC FORM 664  
(11-29-2022)  
10 CFR 31.5

U.S. NUCLEAR REGULATORY COMMISSION

### GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198

OMB EXPIRATION DATE: 11/30/2025

Estimated burden per response to comply with this mandatory collection request: 20 minutes. NRC will use this information to track general licensees and their devices to ensure a higher level of device accountability. Send comments regarding burden estimate to the FOIA, Library, and Information Collections Branch (T-6 A10M), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by email to [Infocollects.Resource@nrc.gov](mailto:Infocollects.Resource@nrc.gov), and the OMB reviewer at: OMB Office of Information and Regulatory Affairs, (3150-0198), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, DC 20503; email: [oir\\_submission@omb.eop.gov](mailto:oir_submission@omb.eop.gov). The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number.

**Complete all six sections of this registration form. If any of the preprinted information is incorrect, provide the changes in the applicable boxes. USE CAPITAL LETTERS.**

#### General License SECTION 1 - GENERAL LICENSEE INFORMATION

##### Registration Number

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Enter the company name and street address for the physical location of use for the device(s). For portable devices, specify the primary storage location. Do not use P. O. Boxes.

Company Name:

C O V I D I E N L P

Department:

Address Line 1:

I 9 5 M C D E R M O T T R O A D

Address Line 2:

City:

N O R T H H A V E N

State:

C T

Zip Code:

0 6 4 7 3 -

<b>For NRC Use Only</b> <i>(Do not write here)</i>	Category:	
	Packet Receipt Date (MMDDYYYY)	
	Accession Number	

NMSS10  
NMSS



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SECTION 1 - GENERAL LICENSEE INFORMATION (Continued)

Enter the name, telephone number, and title of the person who is the responsible individual for the device(s).

Last Name:

S I L V E R I O

First Name:

S A R A H

Middle Initial:

R

Business Telephone Number:

2 0 3 - 4 9 2 - 5 4 7 9

Extension:

Business E-mail Address:

S A R A H . R . S I L V E R I O @ M E D T R O N I C . C O M

Title:

E H S S P E C I A L I S T

Enter the mailing address where correspondence regarding your device(s) should be sent. This address should be specific to the physical location where the devices are used and/or stored.

Department:

Address Line 1:

I 9 5 M C D E R M O T T R D

Address Line 2:

City:

N O R T H H A V E N

State:

C T

Zip Code:

0 6 4 7 3 -



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Our records indicate that you have these devices. Please update the information as necessary.

NRC Device Key 750253 (Internal Control Number)

Distributor/Distributed By:

O H M A R T C O R P O R A T I O N

Distributor License Number:

3 4 - 0 0 6 3 9 - 0 3 G

Manufacturer Name:

O H M A R T / V E G A C O R P O R A T I O N

Device Model (Not Source Model):

S H - F I A

Device Serial Number:

6 2 6 9 G K

Transfer Date:

0 6 1 6 2 0 0 6 MM DD YYYY

Not in possession of device (Also complete Section 4)

Table with 3 columns: Isotope (e.g., AM241), Activity (e.g., 100), Unit (e.g., mCi). Row 1: C S I 3 7, 4 0, m C i.



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Our records indicate that you have these devices. Please update the information as necessary.

NRC Device Key 750254 (Internal Control Number)

Distributor/Distributed By:

O H M A R T C O R P O R A T I O N

Distributor License Number:

3 4 - 0 0 6 3 9 - 0 3 G

Manufacturer Name:

O H M A R T / V E G A C O R P O R A T I O N

Device Model (Not Source Model):

S H - F I A

Device Serial Number:

0 5 5 7 G K

Transfer Date:

0 6 1 6 2 0 0 6 MM DD YYYY

Not in possession of device (Also complete Section 4)

Table with 3 columns: Isotope (e.g., AM241), Activity (e.g., 100), Unit (e.g., mCi). Row 1: CS 137, 40, mCi.



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SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

Manufacturer Name

[Grid for Manufacturer Name]

Initial Transferor Name

[Grid for Initial Transferor Name]

Initial Transferor License Number (if known)

[Grid for Initial Transferor License Number]

Device Model Number (Not Source Model)

[Grid for Device Model Number]

Device Serial Number

[Grid for Device Serial Number]

How acquired and date (e.g., from a distributor/manufacturer, other licensee, other source)?

- Manufacturer/Initial Transferor listed above
- Other General License
- Other Source

Date Transferred: [MM] [DD] [YYYY]

	Isotope (e.g., AM241)	Activity (e.g., 100)	Unit (e.g., mCi)
1.	[Grid]	[Grid]	[Grid]
2.	[Grid]	[Grid]	[Grid]
3.	[Grid]	[Grid]	[Grid]
4.	[Grid]	[Grid]	[Grid]
5.	[Grid]	[Grid]	[Grid]
6.	[Grid]	[Grid]	[Grid]
7.	[Grid]	[Grid]	[Grid]
8.	[Grid]	[Grid]	[Grid]
9.	[Grid]	[Grid]	[Grid]
10.	[Grid]	[Grid]	[Grid]



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SECTION 4 - NOT IN POSSESSION OF DEVICE

Provide information about devices listed in Section 2 or 6, but no longer in your possession.

Part 1

NRC Device Key (from Section 2 or 6)

Transfer Date

MM DD YYYY

Location of the Device:

- Whereabouts Unknown (complete Part 1 only)
Never Possessed the Device (complete Part 1 only)
Returned to Manufacturer (complete Part 1 only)
Transferred to another general licensee (complete Parts 2 and 3)
Transferred to a Specific Licensee (not the manufacturer) (complete Part 2)

Part 2

License Number of Recipient (if transferred to a specific licensee)

License number input field

Company Name:

Company name input field

Department:

Department input field

Address Line 1:

Address line 1 input field

Address Line 2:

Address line 2 input field

City:

City input field

State:

State input field

Zip Code:

Zip code input field

Part 3 Enter the name of the individual responsible for this device.

Last Name:

Last name input field

First Name:

First name input field

Middle Initial:

Middle initial input field

Business Telephone Number:

Business telephone number input field

Extension

Extension input field

Title

Title input field

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**SECTION 5 - CERTIFICATION**

I hereby certify that:

- A. All information contained in this registration is true and complete to the best of my knowledge and belief.
- B. A physical inventory of the devices subject to registration has been completed and the device information on this form has been checked against the device labeling.
- C. I am aware of the requirements of the general license, provided in 10 CFR 31.5.  
(Copies of applicable regulations may be viewed at the NRC Web site at [www.nrc.gov/reading-rm/doc-collections/cfr/](http://www.nrc.gov/reading-rm/doc-collections/cfr/))

*Sarah Silverio*  
SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

12/22/2023  
DATE

**WARNING:** FALSE STATEMENTS MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL ASPECTS. 18 U.S.C. SECTION 1001 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY WRONG STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER IN ITS JURISDICTION.



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**SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION**

**NRC Device Key:**  **Manufacturer License No.:**

**Manufacturer Name:**

**Model Number:**  **Serial No.:**  **Transfer Date:**

**Isotope:**  **Activity:**  **Unit:**

**Isotope:**  **Activity:**  **Unit:**

**Isotope:**  **Activity:**  **Unit:**

**Isotope:**  **Activity:**  **Unit:**

**Isotope:**  **Activity:**  **Unit:**

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**NRC Device Key:**  **Manufacturer License No.:**

**Manufacturer Name:**

**Model Number:**  **Serial No.:**  **Transfer Date:**

**Isotope:**  **Activity:**  **Unit:**

**Isotope:**  **Activity:**  **Unit:**

**Isotope:**  **Activity:**  **Unit:**

**Isotope:**  **Activity:**  **Unit:**

**Isotope:**  **Activity:**  **Unit:**

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**NRC Device Key:**  **Manufacturer License No.:**

**Manufacturer Name:**

**Model Number:**  **Serial No.:**  **Transfer Date:**

**Isotope:**  **Activity:**  **Unit:**

**Isotope:**  **Activity:**  **Unit:**

**Isotope:**  **Activity:**  **Unit:**

**Isotope:**  **Activity:**  **Unit:**

**Isotope:**  **Activity:**  **Unit:**

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SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION

NRC Device Key: [ ] Manufacturer License No.: [ ]

Manufacturer Name: [ ]

Model Number: [ ] Serial No.: [ ] Transfer Date: [ ]

Isotope: [ ] Activity: [ ] Unit: [ ]

Isotope: [ ] Activity: [ ] Unit: [ ]

Isotope: [ ] Activity: [ ] Unit: [ ]

Isotope: [ ] Activity: [ ] Unit: [ ]

Isotope: [ ] Activity: [ ] Unit: [ ]

NRC Device Key: [ ] Manufacturer License No.: [ ]

Manufacturer Name: [ ]

Model Number: [ ] Serial No.: [ ] Transfer Date: [ ]

Isotope: [ ] Activity: [ ] Unit: [ ]

Isotope: [ ] Activity: [ ] Unit: [ ]

Isotope: [ ] Activity: [ ] Unit: [ ]

Isotope: [ ] Activity: [ ] Unit: [ ]

Isotope: [ ] Activity: [ ] Unit: [ ]

NRC Device Key: [ ] Manufacturer License No.: [ ]

Manufacturer Name: [ ]

Model Number: [ ] Serial No.: [ ] Transfer Date: [ ]

Isotope: [ ] Activity: [ ] Unit: [ ]

Isotope: [ ] Activity: [ ] Unit: [ ]

Isotope: [ ] Activity: [ ] Unit: [ ]

Isotope: [ ] Activity: [ ] Unit: [ ]

Isotope: [ ] Activity: [ ] Unit: [ ]

