



P.O. Box 817 - Kingston, TN 37763 - (865) 220-8501

JULY 16, 2025

AKINDOLOPA AKINWANDE

PINNACLE HEART SPECIALISTS LLC
1935 N CAPITAL AVE STE 200
INDIANAPOLIS, IN 46202

Akindolopa,

As required by 10 CFR Part 20 (Appendix G), this letter is a notification that Bionomics, Inc. has received the shipment recently picked up at your facility on July 10, 2025.

Attached you will find a copy of your NRC Form 540-0725PIN-SS. The only change from the original is in Item No. 9 "signature" which identifies that Bionomics, Inc. is acknowledging receipt of waste from your facility.

Please keep this with your original, as well as future disposal certifications.

If you have any questions please feel free to contact me at (865) 220-8501.


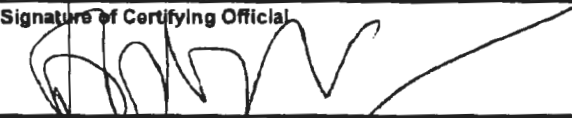
Sincerely,

A handwritten signature in black ink, appearing to be 'Jerry Woll', written over a circular scribble.

Jerry Woll
QA Manager

Cc: File BIO-7-25



NRC Form 314 (09-11-2024) 10 CFR 30.38(j)(1); 40.42(j)(1); 70.38(j)(1); and 72.54(k)(5)(1)(1)	 <p>U.S. NUCLEAR REGULATORY COMMISSION</p> <p>CERTIFICATE OF DISPOSITION OF MATERIALS</p>	<p>APPROVED BY OMB: NO. 3150-0028 EXPIRES: 06/31/2026</p> <p><small>Estimated burden per response to comply with this mandatory collection request: 30 minutes. This submittal is used by NRC as part of the basis for its determination that the facility is released for unrestricted use. Send comments regarding burden estimate to the FOIA, Library, and Information Collections Branch (T-8 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by email to InfoCollections.Resource@nrc.gov, and the OMB reviewer at: OMB, Office of Information and Regulatory Affairs, (3150-0028), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, DC 20503. 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.</small></p>			
Licensee Name and Address Pinnacle Heart Specialists, LLC 1935 North Capitol Ave Suite 200 Indianapolis, Indiana 46202	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">License Number XN000681</td> <td style="width:50%;">Expiration Date 10-31-2035</td> </tr> <tr> <td colspan="2">Docket Number 030-38196</td> </tr> </table>	License Number XN000681	Expiration Date 10-31-2035	Docket Number 030-38196	
License Number XN000681	Expiration Date 10-31-2035				
Docket Number 030-38196					
A. LICENSE STATUS (Check the appropriate box)					
<input type="checkbox"/> This license has expired. <input checked="" type="checkbox"/> This license has not yet expired; please terminate it.					
B. DISPOSAL OF RADIOACTIVE MATERIAL (Check the appropriate boxes and complete as necessary. If additional space is needed, provide attachments)					
The licensee, or any individual executing this certificate on behalf of the licensee, certifies that:					
<input checked="" type="checkbox"/> 1. No radioactive materials have ever been procured or possessed by the licensee.					
<input checked="" type="checkbox"/> 2. All activities authorized by this license have ceased, and all radioactive materials procured and/or possessed by the licensee under this license number cited above have been disposed of in the following manner.					
<input type="checkbox"/> a. Transfer of radioactive materials to the licensee listed below:					
<input type="checkbox"/> b. Disposal of radioactive materials:					
<input type="checkbox"/> 1. Directly by the licensee:					
<input type="checkbox"/> 2. By licensed disposal site:					
<input type="checkbox"/> 3. By waste contractor:					
<input type="checkbox"/> c. All radioactive materials have been removed, any remaining residual radioactivity is within the limits of 10 CFR Part 20, Subpart E, and is ALARA.					
<input type="checkbox"/> d. Acknowledgment of receipt of the material by transfer or by disposal site is attached:					
C. SURVEYS PERFORMED AND REPORTED					
<input checked="" type="checkbox"/> 1. A radiation survey was conducted by the licensee. The survey confirms:					
<input checked="" type="checkbox"/> a. the absence of licensed radioactive materials					
<input checked="" type="checkbox"/> b. that any remaining residual radioactivity is within the limits of 10 CFR 20, Subpart E, and is ALARA.					
<input checked="" type="checkbox"/> 2. A copy of the radiation survey results:					
<input checked="" type="checkbox"/> a. is attached; or <input type="checkbox"/> b. is not attached (Provide explanation); or					
<input type="checkbox"/> c. was forwarded to the NRC					
Email Address: _____ on: _____ Date: _____					
<input type="checkbox"/> 3. A radiation survey is not required as only sealed sources were ever possessed under this license, and					
<input type="checkbox"/> a. The results of the latest leak test are attached; and/or <input type="checkbox"/> b. No leaking sources have ever been identified.					
The person to be contacted regarding the information provided on this form					
Name Akindolapo Akinwande	Title Owner/Medical Director	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Telephone Number (Include area code) 317-931-3252</td> <td style="width:50%;">Email Address akin@pinnacleheart.com</td> </tr> </table>	Telephone Number (Include area code) 317-931-3252	Email Address akin@pinnacleheart.com	
Telephone Number (Include area code) 317-931-3252	Email Address akin@pinnacleheart.com				
Mail all future correspondence regarding this license to: Pinnacle Heart Specialists, LLC 1935 North Capitol Ave Suite 200 Indianapolis, Indiana 46202					
C. CERTIFYING OFFICIAL I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT					
Printed Name and Title Akindolapo Akinwande, M.D.; F.A.C.C.	Signature of Certifying Official 	Date 12/04/2024			
<p><small>WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECT. 18 U.S.C. SECTION 1001 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.</small></p>					

APPROVED BY OMB: NO. 3180-0184
EXPIRES: 01/31/2022

Estimated burden per response to comply with this information collection is 45 minutes. This collection is required by NRC to meet reporting requirements of Federal and State Agencies for the safe transportation and disposal of low-level waste. Your comments regarding burden estimates to the OMB, Library, and Information Collection Branch (7-8 A108), U.S. Nuclear Regulatory Commission, Washington, DC 20540-0001, or by e-mail to informationcollection@nrc.gov, and OMB Reviewer at OMB Office of Information and Regulatory Affairs, (3155-0184), Attention: Desk Officer for the Nuclear Regulatory Commission, 725 7th Street NW, Washington, D.C. 20503, e-mail omb-nrc@omb.eop.gov. The OMB may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

FORM 540 UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST SHIPPING PAPER		Shipper - Name and Facility Bioerion, Inc. Pinnacle Heart Specialists LLC 1035 N Capital Ave STE 200 Indianapolis, IN 46202		Shipment ID Number 0725CHNKY Collector PROCESSOR		7. FORM 540 AND 540A PAGE 1 OF 1 PAGE(S) FORM 541 AND 541A NONE PAGE(S) FORM 542 AND 542A NONE PAGE(S) ADDITIONAL INFORMATION NONE PAGE(S)		8. MANIFEST NUMBER (Use this number on all continuation pages) 0725PIN-SS			
1. EMERGENCY TELEPHONE NUMBER (include Area Code) (800) 424-8300		USER PERMIT NUMBER T-TN008-126		SHIPMENT NUMBER 0725PIN-SS		X GENERATOR TYPE (Specify) M		CONTACT John McCormick			
ORGANIZATION CHEMTREC / CCN826464		CONTACT Abimbola Akintunde		TELEPHONE NUMBER (include Area Code) (317) 931252		6. CONSIGNEE - Name and Facility Address Bioerion, Inc. Operated By Chempro, Inc. 1580 Bear Creek Road Oak Ridge, TN 37838		TELEPHONE NUMBER (include Area Code) (615) 220-8501			
2. IS THIS AN "EXCLUSIVE USE" SHIPMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		3. TOTAL NUMBER OF PACKAGES IDENTIFIED ON THIS MANIFEST 1		4. CARRIER - Name and Address Bioerion, Inc. 1560 Bear Creek Road Oak Ridge, TN 37830		EPA ID NUMBER TN082118493		SIGNATURE - Authorized person accepting custody <i>[Signature]</i>			
4. DOES EPA REGULATED WASTE REQUIRE A MANIFEST ACCOMPANY THIS SHIPMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "Yes", provide Manifest Number		EPA MANIFEST NUMBER N/A		CONTACT John McCormick		SHIPPING DATE 07/10/25		DATE 7/10/25			
11. U.S. DEPARTMENT OF TRANSPORTATION DESCRIPTION (including proper shipping name, hazard class, UN ID number, and any additional information)		12. DOT LABEL "RADIOACTIVE"		13. TRANSPORT INDEX		14. PHYSICAL AND CHEMICAL FORM		15. INDIVIDUAL RADIONUCLIDES			
UN2916, RADIOACTIVE MATERIAL TYPE A PACKAGE NON-SPECIAL FORM 7 SEALED SOURCES 1-5 GAL METAL PAIL		Yellow II		0.1		SOLID/INDEX		BA-133 ;CS-137			
								16. TOTAL PACKAGE ACTIVITY MBq mCi			
								17. TOTAL WEIGHT OR VOLUME (Use appropriate units)			
								0.88 m³ 10.00 lb			
								18. IDENTIFICATION NUMBER OF PACKAGE PIN-SS (25-901850)			
FOR CONSIGNEE USE ONLY		<ul style="list-style-type: none"> ___ Record Waste Description Inadequate ___ Contamination or Leakage Detected ___ Unreported Exposure Rates Detected ___ Labels, Markings, etc. Inadequate ___ Container Integrity Inadequate ___ Other ___ No Violations Detected on this Shipment 		19. TERMS AND CONDITIONS A. MANIFEST ACCEPTANCE: Consignor represents & warrants that Waste Material is as described and is in accordance with the definition in 49 CFR 191.1. Where this material is a radioactive waste, this statement is also accompanied by a properly and completely completed waste manifest, along with the appropriate and required additional information as required by 49 CFR 191.1. B. WASTE OPEN ACCEPTANCE: At the time of this acceptance, the Waste Material is in accordance with the definition in 49 CFR 191.1 and is in accordance with the definition in 49 CFR 191.1. C. WASTE MATERIAL: Consignor represents and warrants that all data and facts in this UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST are true and correct to the best of consignor's knowledge and belief. D. INFORMATION: Consignor agrees to indemnify, defend, hold, its officers, employees, and agents harmless of losses and liability whatsoever if such losses or liability result from the shipment of the Waste Material to consignee in all circumstances for the data contained on this UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST, or if the shipment fails to meet the standards prescribed by the Department of Transportation or any governmental agency having jurisdiction over such matters.							

Form 540 (03-2021)

Modified Date: 07/10/2025 15:32

APPROVED BY OMB: NO. 3180-0188
 EXPIRES: 9/18/2023

Individuals have the right to inspect and copy this information and to request a correction. This information is required by NRC to meet reporting requirements of Federal and State Agencies for the safe transportation and disposal of low-level waste. Send corrections regarding this information to the PQA, Library, and Information Office, Office of Public and Environmental Programs, U.S. Nuclear Regulatory Commission, Washington, DC 20545-0001, or by e-mail to public.information@nrc.gov, and the OMB reviewer at: OMB-Office-of-Information-and-Regulatory-Analysis@omb.eop.gov. Send comments regarding this information to the PQA, Library, and Information Office, Office of Public and Environmental Programs, U.S. Nuclear Regulatory Commission, 1217 N. 17th Street, Washington, DC 20036-9901. This information is not intended to be used for any other purpose, and a person is not required to respond to, or furnish information in response to, a collection of information unless the document specifically requests a person to do so.

FORM 541		Biononics, Inc.		1. MANIFEST TOTALS										3. MANIFEST NUMBER			
UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST CONTAINER AND WASTE DESCRIPTION				NUMBER OF PACKAGES/ DISPOSAL CONTAINERS	NET WASTE VOLUME	NET WASTE WEIGHT	SPECIAL NUCLEAR MATERIAL (grams)				TOTAL	072PFI-88					
							U-235	U-238	Pu	OTHER							
Additional (Nuclear Regulatory Commission (NRC) Requirements for Control, Transfer and Disposal of Radioactive Waste				ALL PACKAGES	TRITIUM	ACTIVITY (Bq/L) (LLD UNITS IN µCi/g)				SOURCE	072CHRD0Y						
						U-235	U-238	Plutonium	Other								
6. Container Identification Number	7. Container Description (See Item 1 & 1A)	8. Volume (liters)	9. Waste and Container Weight (kg)	10. Waste Weight (kg)	11. Surface Radiation Level (mSv/hr)	12. Surface Contamination (dpm/100 cm²)		13. Waste Description (See Note 2 & Note 2A)	14. Approximate Waste Volume in Container (liters)	15. Solidification or Stabilization Media (See Item 3)	16. Chemical Form/Chelating Agent	17. Weight % Chelating Agent (P > 0.1%)	18. Radiological Description (See Item 18)		19. Waste Classification (See Item 19)		
20-001850 (PFI-88)	4	0.0192	4.84	2.72	0.07	< 0.00020034	< 0.0000187	H	0.0192	100	SOLID OXIDES / NP	NP	Subtotal	2.1275E+00	2.1423E+01	2.7000E-01	AU
Origin: IN Pinnacle Health Services LLC 1885 N Capital Ave STE 200 Indianapolis, IN 46228		0.4300	0.01	0.80	Y	< 20	4.1000	38	0.8000				SA-129	2.2700E+04	2.2800E+00	2.8000E-02	
Package Total													CS-137	1.8004E+05	1.8100E+01	4.8000E-01	
Shipment Total		0.0192	4.84	2.72									Sub Total	2.1275E+00	2.1423E+01	2.7000E-01	
		0.8600	0.01	0.80											2.1423E+01	2.7000E-01	

NOTE 1: Container Identification Codes. For containers with multiple disposal approval markings, the container code shall be followed by "40".

NOTE 2: Waste Receiver Codes. (Choose up to three which apply to this waste.)

NOTE 3: Specific Waste Descriptions. (Choose all that apply.)

NOTE 4: Specific Waste Descriptions. (Choose all that apply.)

Form 541 (08-21)

Indicates Cross Contamination

APPROVED BY OMB: NO. 3168-0184
 EXPIRES: 01/31/2025

Estimate burden per response to comply with this information collection request: 45 minutes. This uniform manifest is required by NRC to meet reporting requirements of Federal and State Agencies for the safe transportation and disposal of low-level waste. Send comments regarding burden estimate to the PDBA, Library, and Information Collections Branch (7-6418), U.S. Nuclear Regulatory Commission, Washington, DC 20549-0001, or by e-mail to pdbr@nrc.gov, and OMB Reviewer at OMB Office of Information and Regulatory Affairs, (255-0184). Also: Draft Office for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, D.C. 20549; e-mail dfo_nrc@nrc.gov. The NRC may not contact its sponsor, and a person is not required to respond to, a collection of information unless the document requesting it specifies the collection displays a currently valid OMB control number.

FORM 640 EnergySolutions, Bear Creek Processing Operations UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST SHIPPING PAPER		B. SHIPPER - NAME AND FACILITY Pinnacle Heart Specialists LLC 1635 N Capital Ave STE 200 Indianapolis, IN 46202		SHIPMENT ID NUMBER 0725OHNKV		7. FORMS 640 AND 640A PAGE 1 OF 1 PAGE(S) FORM 641 AND 641A NONE PAGE(S) FORM 642 AND 642A NONE PAGE(S) ADDITIONAL INFORMATION NONE PAGE(S)		8. MANIFEST NUMBER (Use this number on all continuation pages) 0725PIN-ES	
1. EMERGENCY TELEPHONE NUMBER (Include Area Code) (800) 424-9300		USER PERMIT NUMBER T-TN008-J25		SHIPMENT NUMBER 0725PIN-ES		X GENERATOR TYPE (Specify) M		B. CONSIGNEE - Name and Facility Address EnergySolutions, Bear Creek Processing Operations Operated By EnergySolutions 1560 Bear Creek Road Oak Ridge, TN 37830	
ORGANIZATION CHEMTREC / GCN825484		CONTACT Méndolysa Akéwanda		TELEPHONE NUMBER (Include Area Code) (317) 9813262		CONTACT Nick Arden TELEPHONE NUMBER (Include Area Code) (866) 461-0222		SIGNATURE - Authorized consignee acknowledging waste receipt	
2. IS THIS AN "EXCLUSIVE USE" SHIPMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		3. TOTAL NUMBER OF PACKAGES IDENTIFIED ON THIS MANIFEST 1		C. CARRIER - Name and Address Elektronics, Inc. 1550 Bear Creek Road Oak Ridge, TN 37830		EPA LD. NUMBER TNDG8116183		DATE 07/10/25	
4. DOES EPA REGULATED WASTE REQUIRING A MANIFEST ACCOMPANY THIS SHIPMENT? If "Yes", provide Manifest Number		EPA MANIFEST NUMBER N/A		CONTACT John McCormick SIGNATURE - Authorized carrier acknowledging waste receipt		TELEPHONE NUMBER (Include Area Code) 865-220-8501		DATE 7/10/25	
11. U.S. DEPARTMENT OF TRANSPORTATION DESCRIPTION (Including proper shipping name, hazard class, UN ID number, and any additional information)		DOT LABEL "RADIOACTIVE"		12. TRANSPORT INDEX		14. PHYSICAL AND CHEMICAL FORM		15. INDIVIDUAL RADIOCLIDES	
UN3321, Radioactive material, low specific activity (LSA-II), 7 PLASTIC 1 - 0.13 MG FIBER BOX		NA		NA		SOLIDOXIDES		CO-57	
16. TOTAL PACKAGE ACTIVITY		17. TOTAL WEIGHT OR VOLUME		18. IDENTIFICATION NUMBER OF PACKAGE		19. CERTIFICATION		AUTHORIZED SIGNATURE	
8.800E+00		4.00 kg 4.00 lb		PIN-PL (25-001849)		This is to certify that the herein-ported material is properly identified, described, packaged, marked, and labeled and is in proper condition for transportation pursuant to the applicable regulations of the Department of Transportation, the Commission, and applicable state regulations. For materials that are classified as a low-level waste, the certifier certifies that the material is classified per the applicable requirements of 10 CFR Part 61, and the waste disposal facility's waste acceptance criteria, and are in proper condition for disposal as described in accordance with the applicable requirements of 10 CFR Parts 20 and 21, or equivalent state regulations. A certifier in signing this certification is certifying that nothing has been done to the container since which would invalidate the waste generator's certification.		Jim Bai	
FOR CONSIGNEE USE ONLY		20. Generator Certification Statement							
Tennessee "License For Delivery" No. _____ South Carolina Transport Permit No. _____ US Ecology Generator No. _____ US Ecology Permit No. _____		A) Radioactive Material: Certification to hereby state that this shipment of low-level radioactive waste has been prepared in accordance with a radioactive waste management program which has been approved by the NRC or the Regulatory Commission or an approved state regulatory agency and with the correct origin of the title Material Acceptance Criteria. B) Non-radioactive Material: Generator hereby certifies that this material does not or does not contain a hazardous waste as defined in 40 CFR 261. C) Date: Generator hereby represents and warrants that all data and facts on this (FORM) UNIFORM LOW-LEVEL RADIOACTIVE WASTE (GENERATOR) are true and correct in all respects and in accordance with all applicable governmental laws, rules, regulations and the Pollution Prevention Manual License. D) HAZARDOUS SUBSTANCE: Generator hereby certifies that this material does not contain or include substances defined in 40 CFR 173.134.							
		YING BAI Jim Bai 7/10/25							

Form 640 (06-2021)

Modified Date: 07/10/2025 19:32

APPROVED BY OMB: NO. 9150-0166 Estimated burden for respondents to comply with this information collection request: 0.5 hours. This estimate is based on the information provided by the Federal and State Agencies for the safe transportation and disposal of low-level waste. Total compliance regarding license activities to the NRC, Agency and information collection burden (1-9 AUC), U.S. Nuclear Regulatory Commission, Washington, DC 20542-0001, or by e-mail to infocoll@nrc.gov, and the EMB system at: OMB Office of Information and Regulatory Affairs, 725 G Street, NW, Room 1204, Washington, DC 20543-0001, www.regulations.gov. The EMB may not collect or sponsor, and it persons to not respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number.

FORM 541 EnergySolutions, Bear Creek Processing Operations										1. MANIFEST TOTALS				2. MANIFEST NUMBER							
UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST CONTAINER AND WASTE DESCRIPTION										NUMBER OF PACKAGES/ DISPOSAL CONTAINERS	NET WASTE VOLUME	NET WASTE WEIGHT	SPECIAL NUCLEAR MATERIAL (grams)				TOTAL	U-235	U-238	Pu	TOTAL
													U-235	U-238	Pu	TOTAL					
Additional Nuclear Regulatory Commission (NRC) Requirements for Control, Transfer and Disposal of Radioactive Waste										I	m ³ kg	1.47 4.00	ACTIVITY (microcuries) (LLD UNITS IN uCi/g)				SOURCE	SHIPMENT ID NUMBER			
													ALL NUCLEIDES	TRITIUM	C-14	Tc-99			I-129		
DEPOSAL CONTAINER DESCRIPTION										WASTE DESCRIPTION FOR EACH WASTE TYPE IN CONTAINER											
A. CONTAINER IDENTIFICATION NUMBER/ GENERATOR NUMBER	B. CONTAINER DESCRIPTION (See Note 9)	C. VOLUME	D. WASTE AND CONTAINER WEIGHT	E. WASTE WEIGHT	F. SURFACE RADIATION LEVEL	G. SURFACE CONTAMINATION		H. WASTE DESCRIPTION (See Note 1)	I. APPROXIMATE WASTE VOLUME IN CONTAINER	J. SOLIDIFICATION OR STABILIZATION MEDIA (See Note 3)	K. CHEMICAL FORM/ CHELATING AGENT	L. WEIGHT % CHELATING AGENT (F > 0.1%)	M. RADIOLOGICAL DESCRIPTION			N. WASTE CLASSIFICATION					
						ALPHA	BETA-GAMMA						INDIVIDUAL RADIONUCLIDES AND ACTIVITY AND CONTAINER TOTAL; OR CONTAINER TOTAL ACTIVITY AND RADIONUCLIDE PERCENT	U-235	U-238		Pu				
25-001949 (PMA-PL) 6398	19 Fiber Box DI O	0.1309	1.81	1.81	2.000E-02	< 3.340E-07	< 1.870E-05	S(PLASTIC)	0.1309	100	SOLID OXIDES / HP	HP	CO-60	8.900E+00	2.2800E-01	AU					
		4.5808	4.00	4.00	2.000E+00	< 2.000E-01	< 1.0000E+00						Sub Total	8.900E+00	2.2800E-01						
Inherent Total		0.1309	1.81	1.81									Package Total	8.900E+00	2.2800E-01						
		4.5808	4.00	4.00										8.900E+00	2.2800E-01						

page 7

Dec 08 2025 10:11AM HP Fax 13179313255

Form 541 (05-21) * - Indicates Class Contamination

APPROVED BY OMB: NO. 3188-0184
EXPIRES: 01/31/2025

Electronic manifest per responses to comply with this information collection request, as follows. This system manifest is required by NRC to meet reporting requirements of Federal and State Agencies for the safe transportation and disposal of low-level waste. Send comments regarding such matters to the PDA, Library, and Information Collections Branch (7-0 A060), U.S. Nuclear Regulatory Commission, Washington, DC 20545-0001, or by email to information.collections@nrc.gov, and OMB Reviewer at: OMB Office of Information and Regulatory Affairs, (0198-0184), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, D.C. 20503; email omb_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.

FORM 540 UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST SHIPPING PAPER		5. SHIPPER - NAME AND FACILITY Bionomics, Inc. Pinnacle Heart Specialists LLC 1935 N Capital Ave STE 200 Indianapolis, IN 46202			SHIPMENT ID NUMBER 0725CHINKY COLLECTOR PROCESSOR		7. FORM 540 AND 540A PAGE 1 OF 1 PAGE(S) <input type="checkbox"/> Electronic FORM 541 AND 541A NONE PAGE(S) <input type="checkbox"/> FORM 542 AND 542A NONE PAGE(S) <input type="checkbox"/> ADDITIONAL INFORMATION NONE PAGE(S) <input type="checkbox"/>		8. MANIFEST NUMBER (Use this number on all continuation pages) 0725PIN-SS														
1. EMERGENCY TELEPHONE NUMBER (include Area Code) (800) 424-9300		USER PERMIT NUMBER T-TN006-126		SHIPMENT NUMBER 0725PIN-SS		X GENERATOR TYPE (Specify) M		9. CONSIGNEE - Name and Facility Address Bionomics, Inc. Operated By Bionomics, Inc. 1550 Bear Creek Road Oak Ridge, TN 37830		CONTACT John McCormick TELEPHONE NUMBER (include Area Code) (865) 220-8501													
ORGANIZATION CHEMTREC / CCN826454		CONTACT Alindolpa Alinwards		TELEPHONE NUMBER (include Area Code) (317) 9313252		SIGNATURE - Authorized consignee acknowledging waste receipt		DATE 7/10/25		10. CERTIFICATION <small>This is to certify that the hazardous materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation, the Commission, and applicable state regulations. For materials that are assigned to a land disposal facility or waste collector, the certifier that the materials are classified per the applicable requirements of 49 CFR Part 173, must the land disposal facility's waste acceptance criteria, and are in proper condition for disposal as described in accordance with the applicable requirements of 49 CFR Parts 20 and 21, or applicable state regulations. A collector in signing this certification is certifying that nothing has been done to the collected waste which would invalidate the waste generator's certification.</small>													
2. IS THIS AN "EXCLUSIVE USE" SHIPMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		3. TOTAL NUMBER OF PACKAGES IDENTIFIED ON THIS MANIFEST 1		4. DOES EPA REGULATED WASTE REQUIRING A MANIFEST ACCOMPANY THIS SHIPMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <small>If "Yes", provide Manifest Number</small>		EPA MANIFEST NUMBER N/A		11. U.S. DEPARTMENT OF TRANSPORTATION DESCRIPTION (including proper shipping name, hazard class, UN ID number, and any additional information) UN2916, RADIOACTIVE MATERIAL, TYPE A PACKAGE NON-SPECIAL FORM 7 SEALED SOURCES 1 - 5 GAL METAL PAIL		12. DOT LABEL "RADIOACTIVE" Yellow II		13. TRANSPORT INDEX 0.1		14. PHYSICAL AND CHEMICAL FORM SOLIDOXIDES		15. INDIVIDUAL RADIONUCLIDES BA-133; CS-137		16. TOTAL PACKAGE ACTIVITY MBq: 2.1423E+01 mCi: (5.7900E-01)		17. TOTAL WEIGHT OR VOLUME (Use appropriate units) 0.68 m ³ 10.00 lb		18. IDENTIFICATION NUMBER OF PACKAGE PIN-SS (25-001850)	
FOR CONSIGNEE USE ONLY												19. TERMS AND CONDITIONS											
<input type="checkbox"/> Record Waste Description Inadequate <input type="checkbox"/> Contamination or Leakage Detected <input type="checkbox"/> Uninspected Exposure Plates Detected <input type="checkbox"/> Labels, Markings, etc. Inadequate <input type="checkbox"/> Container Integrity Inadequate <input type="checkbox"/> Other <input checked="" type="checkbox"/> No Violations Detected on this Shipment												A. HAZARDOUS MATERIAL & Container Requirements & markings that Waste Shipped (to be) <input checked="" type="checkbox"/> <small>and appropriate waste as defined in 49 CFR 173.21. Where the material is a hazardous waste, this shipment is also accompanied by a separate and complete hazardous waste manifest, along with the appropriate (land-disposal restriction codes and/or codes) as required by 49 CFR 173.21.</small>											
<input type="checkbox"/> Waste Material: Consignor represents and warrants that all data set forth in this UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST are true and correct in all respects and in accordance with all applicable governmental laws, rules, and regulations and Executive Order 13132, to the best of their knowledge.												B. TITLE: User certifies that the material is being transported, in, and of appropriate regulatory authority, in, to the Waste Material which conforms to Consignor's representations made about hazardous waste from Consignor and is stated in Emergency Manifest, Inc.											
<input type="checkbox"/> Inadequate: Consignor agrees to indemnify Emergency Manifest, Inc. or others, employees, and agents against all losses and liability whatsoever if such losses or liability results from the failure of the Waste Material to conform in all material respects to the data reported on the UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST, or if less stringent rules to meet the standards prescribed by the Department of Transportation or any governmental agency having jurisdiction over such matters.												C. AUTHORIZED SIGNATURE: <i>Jing Bai</i> TITLE: CN/MT DATE: 7/10/25											

Form 540 (06-2021)

Modified Date: 07/10/2025 13:32

Daily Survey / Weekly Wipe

	Tech	Date	prep area	hot lab	hot waste	calib	hall way	imag RM	Stress RM
survey	YB	6/5/25	.01	.01	.01	.01	.01	.01	.01
wipe	YB		0	0	0	0	0	0	0
survey									
wipe									
survey									
wipe									
survey									
wipe									
survey									
wipe									
survey									
wipe									
survey									
wipe									



6312 Oakton Street
 Morton Grove, IL 60053-2723
 847-965-1999
 Fax 847-965-1991
 www.rssi.us



SEALED SOURCE LEAK TEST ANALYSIS REPORT

Facility: Pinnacle Heart Specialists, LLC
 Address: 1935 N. Capitol Ave.
 Ste 200
 Indianapolis, IN 46202
 Telephone: 317-931-3252
 FAX: 317-931-3255
 E-Mail: bai_y_2000@yahoo.com
 License No.: XN000681
 EC:
 EC E-Mail:

Person Submitting Samples: Ying Bai
 Date Samples Collected: 5/29/2025
 Send Results To: Pinnacle Heart Specialists, LLC
 ATTN: Ying Bai
 1935 N. Capitol Ave.
 Ste 200
 Indianapolis, IN 46202

RSSI SAMPLE NUMBER	CLIENT REFERENCE	RADIO-NUCLIDE	ACTIVITY (mCi)	SOURCE CALIBRATION DATE	DEVICE MANUFACTURER	DEVICE MODEL NUMBER	DEVICE SERIAL NUMBER	SOURCE SERIAL NUMBER	RESULTS* (µCi)
P251152	1393-66-7	Cs-137	0.19390	4/1/2010	E & Z	RV137200 µ (vial)		1393-66-7	<3.7×10 ⁻⁶
P251153	1393-75-7	Ba-133	0.24310	5/1/2010	E & Z	RU133250 µ (vial)		1393-75-7	<5.8×10 ⁻⁵
P251154	1377-81-60	Cs-137	0.000500	12/1/2009	E & Z	Rod		1377-81-60	<3.7×10 ⁻⁶
P251155	2224-173	Co-57	9.99×10 ⁻⁹	5/1/2021	E & Z	MED3727 (flood)		2224-173	<1.5×10 ⁻⁴

Analysis was performed at RSSI's laboratory in Morton Grove, Illinois, which is authorized by Illinois Emergency Management Agency license number IL-01429-01 and approved by the Canadian Nuclear Safety Commission meeting the criteria and requirements of R-116. RSSI is accredited to the ISO/IEC 17025:2017 standard by Perry Johnson Laboratory Accreditation (PJLA) under accreditation number 101315 with this analysis performed under the scope of testing certificate L21-761. Analysis instrument: Nuclear-Chicago Spectro Shield 1152 α/β Counter, serial number 28458. Calibrated September 20, 2024. Measuring time = 5 minutes. Alpha background = 0.25 cpm. Beta/Gamma background = 6.50 cpm. Analysis method: RSSI-50-ANL-0001, revision 4, effective July 15, 2021.

The analytical results relate only to the specific leak test kit(s) returned by the client, in the condition as received at the laboratory. Calculations of leak test results are based upon the radionuclide(s) as provided by the client. This report shall not be reproduced except in its entirety without the approval of RSSI. Most regulatory agencies consider a source to be leaking if a leak test indicates the presence of more than 0.005 µCi (5×10⁻³ µCi) of removable contamination. Sources for which the results indicate the presence of 5×10⁻⁴ µCi or more of removable activity should be investigated.

* < followed by a number indicates the activity is below the limit of detection.

A highlighted result exceeds regulatory limits and was reported by telephone to the person submitting the sample and/or _____ on _____.

Analyzed by: Zoe Darlington
 P251152-5

Receipt Date: May 30, 2025
 Counting Date: May 30, 2025
 Analysis Date: May 30, 2025
 Report Date: May 30, 2025

page 11

Dec 08 2025 10:13AM HP Fax 13179313255



Akindolapo Akinwande, M.D., F.A.C.C
1935 North Capitol Avenue Suite 200
Indianapolis, IN 46202
Phone; (317)931-3252; Fax; (317)931-3255

FAX COVER SHEET

TO: Ms .Tammy Tomczak

FAX: 630-515-1078

FROM: Gladys @ PHS

NUMBER OF PAGES: 10

DATE: 12/08/2025

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US
PINNACLE HEART SPECIALISTS, LLC AT (317) 931-3252
AKINDOLAOP AKINWANDE, MD, FACC

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FOR HEALTHY HEARTS