



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

June 24, 2005

Dr. Pickering
Women's Medical Center
3300 Henry Ave.
Philadelphia, PA 19129

Re: Signed Receipt

Dear Dr. Pickering:

As required by 10 CFR Part 20 (Appendix G), this letter is notification that Bionomics, Inc. has received the shipment recently picked up at your facility on **June 14, 2005**. Attached you will find a copy of your NRC Form 540, 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,

Mia Hammonds, Adm. Assistant
Bionomics, Inc.

Cc: File BIO-03-05

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NRC FORM 540 U.S. NUCLEAR REGULATORY COMMISSION UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST SHIPPING PAPER		SHIPPER NAME AND FACILITY WOMAN'S MEDICAL CENTER 3300 HENRY AVE PHILADELPHIA PA 19129 USER PERMIT NUMBER: _____ SHIPMENT NUMBER: _____		SHIPPER ID NUMBER COLLECTOR: _____ PROCESSOR: _____ GENERATOR TYPE (Specify): M TELEPHONE NUMBER (Include Area Code): (215) 842-7167 EPA ID NUMBER: INR000003111 SHIPPING DATE: 6/14/05 TELEPHONE NUMBER (Include Area Code): (215) 882-0457 DATE: 6/14/05		7. NRC FORM 540 AND 541A PAGE 1 OF 1 NRC FORM 541 AND 541A NRC FORM 542 AND 542A ADDITIONAL INFORMATION: _____		8. NRC FORM 540 AND 541A PAGE 1 OF 1 NRC FORM 541 AND 541A NRC FORM 542 AND 542A ADDITIONAL INFORMATION: _____		9. CONSIGNEE Name and Facility Address BIONOMICS, INC. 1550 BEAR CREEK RD ONE RIDGE TN 37831 John Mc Cormick (865) 220-8501 6/17/05							
1. EMERGENCY TELEPHONE NUMBER (Include Area Code) (865) 220-8520 BIONOMICS, INC		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		4. DOES EPA REGULATE WASTE REQUIRING A MANIFEST ACCOMPANYING THIS SHIPMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," provide Manifest Number: N/A		5. CARRIER Name and Address TAG TRANSPORT 2818 ROANE STATE HWY, HARRIMAN TN 37748 GARY KINDRICK 6/14/05		6. CERTIFICATION This is to certify that the herein named 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. This also certifies that the materials are classified, packaged, marked, and labeled and are in proper condition for transportation and disposal as described in accordance with the applicable requirements of 10 CFR Parts 20 and 61, or equivalent state regulations. AUTHORIZED SIGNATURE: [Signature] TITLE: OPERATIONAL MGR DATE: 6/14/05							
1. U.S. DEPARTMENT OF TRANSPORTATION DESCRIPTION (Including proper shipping name, hazard class, UNID number, and any additional information) RADIOACTIVE MATERIAL, TYPE A PACKAGE, 7, UN 2915		2. DOT LABEL RADIOACTIVE Yellow III		3. TRANSPORT INDEX 20		4. PHYSICAL AND CHEMICAL FORM SOLID/OXIDANTS		5. INDIVIDUAL RADIOCLIDES BA133, C057, CS137, Co60, Cd153, Ra226		6. TOTAL PACKAGE ACTIVITY IN SI UNITS 31270.6027		7. LS/SDO CLASS N/A		8. TOTAL WEIGHT OR VOLUME (Use appropriate units) 0.1148m³		9. IDENTIFICATION NUMBER OF PACKAGE WMH-2	