



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health  
National Institute of Diabetes and  
Digestive and Kidney Diseases  
1550 East Indian School Road  
Phoenix, Arizona 85014

Phone (602) 200 5200  
Fax (602) 200 5225

June 29, 2015

Nuclear Materials Licensing Branch  
US Nuclear Regulatory Commission, Region IV  
1600 E. Lamar Blvd.  
Arlington, TX 76011-4511

RE: License #02-13990-01

Dear Sirs:

RECEIVED  
JUL 13 2015

DNMS

This letter is a request to amend our license. We request that Authorized User Jillian Loebel be removed from the license as she has recently retired.

Sincerely,

Shannon Parrington  
Radiation Safety Officer  
Phoenix Epidemiology and Clinical  
Research Branch  
NIDDK, NIH, DHHS  
Tel 602-200-5308  
Fax 602-200-5335  
Email [shannonp@mail.nih.gov](mailto:shannonp@mail.nih.gov)

PUBLIC  
☐ Immediate Release  
☒ Normal Release

NON-PUBLIC  
☐ A.3 Sensitive-Security Related  
☐ A.7 Sensitive Internal  
☐ Other: \_\_\_\_\_

Reviewer: KTR Date: 7-2-15

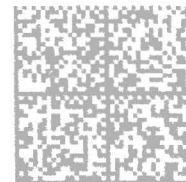
Pam Thuillez  
Administrative Officer  
Phoenix Epidemiology and Clinical  
Research Branch  
NIDDK, NIH, DHHS  
Tel 602-440-6588  
Fax 602-253-4140  
Email [pthuille@mail.nih.gov](mailto:pthuille@mail.nih.gov)

№ 5 8 8 3 8 0

**DEPARTMENT  
HEALTH & H**

National Institutes of Health  
National Institute of Diabetes and  
Digestive and Kidney Diseases  
1550 East Indian School Road  
Phoenix, Arizona 85014

Official Business  
Penalty for Private Use \$300



HASLER 017H15601142  
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Nuclear Materials Licensing Branch  
U.S. NRC Region IV  
1600 E. Lamar Blvd  
Arlington, TX

76011-4511

RECEIVED JUL 13 2015

RECEIVED  
JUL 13 2015  
DNMS

08883380



DATE

07/28/2015

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

Shannon Parrington, Radiation Safety Officer  
Department of Health and Human Services, National  
Institutes of Health, National Institute of Diabetes and  
Digestive and Kidney Diseases  
4212 North 16th Street, Room 5-41  
Phoenix, Arizona 85016

LICENSE NUMBER

02-13990-01

MAIL CONTROL NUMBER

588380

LICENSING AND/OR TECHNICAL REVIEWER

CH

This is to acknowledge the receipt of your:

☒ LETTER and/or ☐ APPLICATION DATED: 06/29/2015

The initial processing, which included an administrative review, has been performed.

☒ AMENDMENT ☐ TERMINATION ☐ NEW LICENSE ☐ RENEWAL

- ☐ There were no administrative omissions identified during our initial review.
- ☐ This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.
- ☐ Your application for a new NRC license did not include your taxpayer identification number. Please fill out NRC Form 531, located at the following link:

<http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>

Send the completed NRC Form 531, by facsimile, to the following number: (301) 415-5387

A copy of your action has been emailed to our License Fee and Accounts Receivable Branch, in our Headquarters office in Rockville, MD. You will be contacted separately if there is a fee issue involved.

Your application has been assigned the above listed **MAIL CONTROL NUMBER**. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

Region IV  
U. S. Nuclear Regulatory Commission  
DNMS/NMSB - B  
1600 E. Lamar Boulevard  
Arlington, TX 76011-4511  
(817) 200-1103 or (817) 200-1140

✓ 7/28

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM WBL

Program Code: 02410  
Status Code: Pending Amendment  
Fee Category: 3P 7C  
Exp. Date: 05/31/2014  
Fee Comments:  
Decom Fin Assur Req: N

## License Fee Worksheet - License Fee Transmittal

### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: DEPARTMENT OF HEALTH & HUMAN SERVICES, NATIONAL INSTITUTE OF HEALTH, NATIONAL INS  
Received Date: 07/13/2015  
Docket Number: 3001211  
Mail Control Number: 588380  
License Number: 02-13990-01  
Action Type: Amendment

#### 2. FEE ATTACHED

Amount: \_\_\_\_\_

Check No.: \_\_\_\_\_

#### 3. COMMENTS

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / / )

1. Fee Category and Amount: \_\_\_\_\_

#### 2. Correct Fee Paid. Application may be processed for:

Amendment: \_\_\_\_\_

Renewal: \_\_\_\_\_

License: \_\_\_\_\_

#### 3. OTHER \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_