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May 21, 2018

UNITED STATES NUCLEAR REGULATORY COMMISSION
Region III, Materials Licensing Section
2443 Warrenville Road, Suite 210
Lisle, IL 60532-4352

Re: Amendment Request of license number 21-01430-01, Edward W. Sparrow Hospital

Please amend our license as follows:

1. Add Ruimei Ma, Ph.D. as authorized medical physicist for Ir-192 in a high dose remote afterloading brachytherapy device, for calibrations, spot checks and training. Dr. Ma was previously listed as an authorized medical physicist for this use on License number 29-02641-03, amendment No. 63. Her recent training is documented on the enclosed 313A form.
2. Add Nathan D. Jones, D.O. as authorized user of 10 CFR 35.300 (limited to sodium iodide-131). Form 313A is enclosed for your review.

Please remove the following as an authorized user:

1. Remove Annette J. White, M.D.

If you have any questions please contact me at (517) 364-2167 or Marty.Johnson@Sparrow.org.

Thank you for your cooperation in this matter.

Sincerely,

A handwritten signature in black ink that reads 'Martin W. Johnson'.

Martin W. Johnson, M.S., D.A.B.R.
Radiation Safety Officer

Attachments: NRC Form 313A: Authorized Medical Physicist (Ruimei Ma, Ph.D.)
NRC Form 313A: Authorized User (Nathan D. Jones, M.D.)

1140 E. Michigan Avenue
Lansing, Michigan 48912

T 517.364.9400
TF 1.800.SPARROW
F 517.364.2260
Sparrow.org

RECEIVED MAY 24 2018

RECENT TRAINING DOCUMENTATION

NRC FORM 313A (AMP)
(06-2016)

U.S. NUCLEAR REGULATORY COMMISSION



AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION [10 CFR 35.51]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 06/30/2019

Name of Proposed Authorized Medical Physicist

Ruimei Ma, Ph.D.

- Requested Authorization(s)**
(check all that apply)
- ☐ 35.400 Ophthalmic use of strontium-90 ☐ 35.600 Teletherapy unit(s)
☒ 35.600 Remote afterloader unit(s) ☐ 35.600 Gamma stereotactic radiosurgery unit(s)

PART I -- TRAINING AND EXPERIENCE (Select one of the three methods below)

*Training and Experience, including Board Certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

☐ **1. Board Certification**

- a. Provide a copy of the board certification.
- b. Go to the table in 3.c. and describe training provider and dates of training for each type of use for which authorization is sought.
- c. Skip to and complete Part II Preceptor Attestation.

☐ **2. Current Authorized Medical Physicist Seeking Additional Authorization for use(s) checked above**

- a. Go to the table in section 3.c. to document training for new device.
- b. Skip to and complete Part II Preceptor Attestation

☐ **3. Education, Training, and Experience for Proposed Authorized Medical Physicist**

- a. Education: Document master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university.

Degree	Major Field
College or University	

- b. Supervised Full-Time Medical Physics Training and Work Experience in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

- ☐ Yes. Completed 1 year of full-time training in medical physics (for areas identified below) under the supervision of _____ who meets the requirements for an Authorized Medical Physicist.

AND

- ☐ Yes. Completed 1 year of full-time work experience in medical physics (for areas identified below) under the supervision of _____ who meets the requirements for an Authorized Medical Physicist.

AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**3. Education, Training, and Experience for Proposed Authorized Medical Physicist (continued)****b. Supervised Full-Time Medical Physics Training and Work Experience (continued)**

If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

Description of Training/ Experience	Location of Training/License or Permit Number of Training Facility/Medical Devices Used+	Dates of Training*	Dates of Work Experience*
Medical Physics	Edward W. Sparrow Hospital 21-01430-01 Nucletron Model microSelectron 106.990 Nucletron B.V. Model 135149A02 Flexitron	10/10/16-8/30/17 9/1/17-present	10/10/16-8/30/17 9/1/17-present
Performing sealed source leak tests and inventories	Edward W. Sparrow Hospital 21-01430-01 Nucletron Model microSelectron 106.990 Nucletron B.V. Model 135149A02 Flexitron	10/10/16-8/30/17 9/1/17-present	10/10/16-8/30/17 9/1/17-present
Performing decay corrections	Edward W. Sparrow Hospital 21-01430-01 Nucletron Model microSelectron 106.990 Nucletron B.V. Model 135149A02 Flexitron	10/10/16-8/30/17 9/1/17-present	10/10/16-8/30/17 9/1/17-present
Performing full calibration and periodic spot checks of external beam treatment unit(s)			
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)			
Performing full calibration and periodic spot checks of remote afterloading unit(s)	Edward W. Sparrow Hospital 21-01430-01 Nucletron Model microSelectron 106.990 Nucletron B.V. Model 135149A02 Flexitron	10/10/16-8/30/17 9/1/17-present	10/10/16-8/30/17 9/1/17-present
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	Edward W. Sparrow Hospital 21-01430-01 Nucletron Model microSelectron 106.990 Nucletron B.V. Model 135149A02 Flexitron	10/10/16-8/30/17 9/1/17-present	10/10/16-8/30/17 9/1/17-present

Supervising Individual**

License/Permit Number listing supervising individual as an
authorized Medical Physicist

Martin W. Johnson, M.S.

21-01430-01

for the following types of use:

☒ Remote afterloader unit(s) ☐ Teletherapy unit(s) ☐ Gamma stereotactic radiosurgery unit(s)

+ Training and work experience must be conducted in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

* 1 year of Full-time medical physics training and 1 year of full time work experience cannot be concurrent.

** If the supervising medical physicist is not an authorized medical physicist, the licensee must submit evidence that the supervising medical physicist meets the training and experience requirements in 10 CFR 35.51 and 35.59 for the types of use for which the individual is seeking authorization.

AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Education, Training, and Experience for Proposed Authorized Medical Physicist (continued)

c. Describe training provider and dates of training for each type of use for which authorization is sought.

Description of Training	Training Provider and Dates		
	Remote Afterloader	Teletherapy	Gamma Stereotactic Radiosurgery
Hands-on device operation	Martin W. Johnson, M.S. 10/10/16-present		
Safety procedures for the device use	Martin W. Johnson, M.S. 10/10/16-present		
Clinical use of the device	Martin W. Johnson, M.S. 10/10/16-present		
Treatment planning system operation	Martin W. Johnson, M.S. 10/10/16-present		
Supervising Individual <small>If training is provided by Supervising Medical Physicist, (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)</small> Martin W. Johnson, M.S.		License/Permit Number listing supervising individual as an authorized Medical Physicist 21-01430-01	
for the following types of use:			
<input checked="" type="checkbox"/> Remote afterloader unit(s) <input type="checkbox"/> Teletherapy unit(s) <input type="checkbox"/> Gamma stereotactic radiosurgery unit(s)			

If Applicable:

Authorization Sought	Device	Training Provided By	Dates of Training
35.400 Ophthalmic Use of strontium-90			

d. Skip to and complete Part II Preceptor Attestation.

AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

First Section

Check one of the following:

1. Board Certification

☐ I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized Medical Physicist
10 CFR 35.51(a)(1) and (a)(2).

OR

2. Education, Training, and Experience

☐ I attest that _____ has satisfactorily completed the 1-year of full-time
Name of Proposed Authorized Medical Physicist
training in medical physics and an additional year of full-time work experience as required by 10 CFR 35.51(b)(1).

AND

Second Section

Complete the following:

☒ I attest that Ruimei Ma, Ph.D. has training for the types of use for which authorization
Name of Proposed Authorized Medical Physicist
is sought that include hands-on device operation, safety procedures, clinical use, and the operation of a treatment planning system.

AND

Third Section

Complete the following:

☒ I attest that Ruimei Ma, Ph.D. has achieved a level of competency sufficient to
Name of Proposed Authorized Medical Physicist
function independently as an Authorized Medical Physicist for the following:

☐ 35.400 Ophthalmic use of strontium-90 ☐ 35.600 Teletherapy unit(s)
☒ 35.600 Remote afterloader unit(s) ☐ 35.600 Gamma stereotactic radiosurgery unit(s)

AND

Fourth Section

Complete the following for preceptor attestation and signature:

☒ I meet the requirements in 10 CFR 35.51, or equivalent Agreement State requirements for Authorized Medical Physicist for the following:

☐ 35.400 Ophthalmic use of strontium-90 ☐ 35.600 Teletherapy unit(s)
☒ 35.600 Remote afterloader unit(s) ☐ 35.600 Gamma stereotactic radiosurgery unit(s)

Name of Preceptor Martin W. Johnson, M.S.	Signature <i>Martin W. Johnson</i>	Telephone Number 517-364-9436	Date 5/21/2018
License/Permit Number/Facility Name 21-01430-01, Edward W. Sparrow Hospital			



**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
(for uses defined under 35.300)
[10 CFR 35.390, 35.392, 35.394, and 35.396]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 06/30/2019

Name of Proposed Authorized User

Nathan D. Jones, M.D.

State or Territory Where Licensed

Michigan

Requested Authorization(s) (check all that apply):

☐ 35.300 Use of unsealed byproduct material for which a written directive is required

OR

☒ 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☒ 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)

☐ 35.300 Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

☐ 35.300 Parenteral administration of any other radionuclide for which a written directive is required

PART I -- TRAINING AND EXPERIENCE
(Select one of the three methods below)

* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

☐ **1. Board Certification**

a. Provide a copy of the board certification.

b. For 35.390, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience.

c. For 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience.

d. Skip to and complete Part II Preceptor Attestation.

☐ **2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization**

a. Authorized User on Materials License _____ under the requirements below or equivalent Agreement State requirements (check all that apply):

☐ 35.390

☐ 35.392

☐ 35.394

☐ 35.490

☐ 35.690

b. If currently authorized for a subset of clinical uses under 35.300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

c. If currently authorized under 35.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

☒ 3. Training and Experience for Proposed Authorized Usera. Classroom and Laboratory Training ☐ 35.390 ☒ 35.392 ☒ 35.394 ☐ 35.396

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	Hospital of the University of Pennsylvania Edward W. Sparrow Hospital	110 8	11/06-11/10 08/17-01/18
Radiation protection	Hospital of the University of Pennsylvania Edward W. Sparrow Hospital	11 11	11/06-11/10 08/17-01/18
Mathematics pertaining to the use and measurement of radioactivity	Hospital of the University of Pennsylvania Edward W. Sparrow Hospital	30 11	11/06-11/10 08/17-01/18
Chemistry of byproduct material for medical use	Edward W. Sparrow Hospital	1	08/17-01/18
Radiation biology	Hospital of the University of Pennsylvania Edward W. Sparrow Hospital	96 4	11/06-11/10 08/17-01/18
Total Hours of Training:		282	

b. Supervised Work Experience ☐ 35.390 ☒ 35.392 ☒ 35.394 ☐ 35.396*If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.*

Supervised Work Experience		Total Hours of Experience: 25	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	Edward W. Sparrow Hospital	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8/2017-1/2018
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Edward W. Sparrow Hospital	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8/2017-1/2018
Calculating, measuring, and safely preparing patient or human research subject dosages	Edward W. Sparrow Hospital	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8/2017-1/2018
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Edward W. Sparrow Hospital	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8/2017-1/2018
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Edward W. Sparrow Hospital	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8/2017-1/2018

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work Experience (continued)

Supervising Individual Luciano M. DiCarlo, M.D.	License/Permit Number listing supervising individual as an authorized user 21-01430-01
--	---

Supervising individual meets the requirements below, or equivalent Agreement State requirements (*check all that apply*)**:

- | | |
|--|--|
| <input checked="" type="checkbox"/> 35.390 | With experience administering dosages of: |
| <input checked="" type="checkbox"/> 35.392 | <input checked="" type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries) |
| <input checked="" type="checkbox"/> 35.394 | <input checked="" type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries) |
| <input type="checkbox"/> 35.396 | <input type="checkbox"/> Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required |
| | <input type="checkbox"/> Parenteral administration of any other radionuclide requiring a written directive |

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

c. Supervised Clinical Case Experience

If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.

Description of Experience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)	3	Edward W. Sparrow Hospital	8/15/17-9/5/17
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	3	Edward W. Sparrow Hospital	9/14/17-10/6/17
Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required			
Parenteral administration of any other radionuclide for which a written directive is required <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> (List radionuclides)			

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

c. Supervised Clinical Case Experience (continued)

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
Luciano M. DiCarlo, M.D.	21-01430-01
Supervising individual meets the requirements below, or equivalent Agreement State requirements (<i>check all that apply</i>)**:	
<input checked="" type="checkbox"/> 35.390 <input checked="" type="checkbox"/> 35.392 <input checked="" type="checkbox"/> 35.394 <input type="checkbox"/> 35.396	With experience administering dosages of: <input checked="" type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries) <input checked="" type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries) <input type="checkbox"/> Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required <input type="checkbox"/> Parenteral administration of any other radionuclide requiring a written directive
** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.	
d. Provide completed Part II Preceptor Attestation.	

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

First Section

Check one of the following for each requested authorization:

For 35.390:

Board Certification

☐ I attest that _____ has satisfactorily completed the training and experience requirements in 35.390(a)(1).
Name of Proposed Authorized User

OR

Training and Experience

☐ I attest that _____ has satisfactorily completed the 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).
Name of Proposed Authorized User

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)

For 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway):

☒ I attest that Nathan D. Jones, M.D. has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case experience required in 35.392(c)(2).

For 35.394 (Identical Attestation Statement Regardless of Training and Experience Pathway):

☒ I attest that Nathan D. Jones, M.D. has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case experience required in 35.394(c)(2).

Second Section

☒ I attest that Nathan D. Jones, M.D. has satisfactorily completed the required clinical case
Name of Proposed Authorized User

experience required in 35.390(b)(1)(ii)G listed below:

- ☒ Oral Nal-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- ☒ Oral Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- ☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- ☐ Parenteral administration of any other radionuclide requiring a written directive

Third Section

☒ I attest that Nathan D. Jones, M.D. has satisfactorily achieved a level of competency to
Name of Proposed Authorized User

function independently as an authorized user for:

- ☒ Oral Nal-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- ☒ Oral Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- ☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- ☐ Parenteral administration of any other radionuclide requiring a written directive

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Fourth Section

For 35.396:

Current 35.490 or 35.690 authorized user:

☐ I attest that _____ is an authorized user under 10 CFR 35.490 or 35.690

Name of Proposed Authorized User

or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.396 (d)(1), and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

☐ Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

☐ Parenteral administration of any other radionuclide for which a written directive is required

OR

Board Certification:

☐ I attest that _____ has satisfactorily completed the board certification

Name of Proposed Authorized User

requirements of 35.396(c), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (d)(1) and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

☐ Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

☐ Parenteral administration of any other radionuclide for which a written directive is required

Fifth Section

Complete the following for preceptor attestation and signature:

☒ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

☒ 35.390 ☒ 35.392 ☒ 35.394 ☐ 35.396

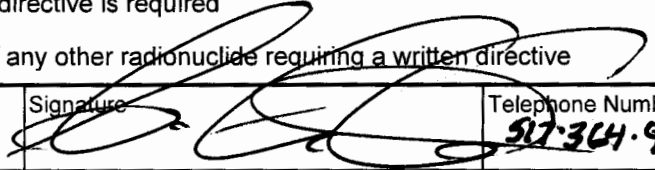
☒ I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization.

☒ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☒ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

☐ Parenteral administration of any other radionuclide requiring a written directive

Name of Preceptor Luciano M. DiCarlo, M.D.	Signature 	Telephone Number 917-364-9405	Date 5/21/18
License/Permit Number/Facility Name 21-01430-01			

00058
00200

FedEx Package
Express US Airbill

Tracking Number 8130 2752 2029

1 From
Date 5/27/2018
Sender's Name Hospital-Medical Center Phone 517 374-9400
Company SPARRON HOSPITAL
Address 1215 E MICHIGAN AVE
City LANSING State MI ZIP 48912-1811

2 Your Internal Billing Reference RECEIVED MAY 24 2018

3 To
Recipient's Name Woodbridge Nuclear Regulatory Commission Phone
Company Region III Nuclear Licensing Section
Address 2443 Weymouth Road Suite 210
City Lisle State IL ZIP 60532-4352



8130 2752 2029

4 Express Package Service *To meet business needs

Most Business Day	2 or 3 Business Days
<input type="checkbox"/> FedEx First Overnight Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless Saturday delivery is selected.	<input type="checkbox"/> FedEx 2Day A.M. Second business morning. Saturday delivery NOT available.
<input type="checkbox"/> FedEx Priority Overnight Next business morning. *Thursdays shipments will be delivered on Monday unless Saturday delivery is selected.	<input type="checkbox"/> FedEx 2Day Second business afternoon. *Thursdays shipments will be delivered on Monday unless Saturday delivery is selected.
<input checked="" type="checkbox"/> FedEx Standard Overnight Next business afternoon. *Saturday delivery NOT available.	<input type="checkbox"/> FedEx Express Saver Third business day. Saturday delivery NOT available.

5 Packaging *Standard rates apply

☒ FedEx Envelope* ☐ FedEx Pak* ☐ FedEx Box ☐ FedEx Tube ☐ Other

6 Special Handling and Delivery Signature Options Fees may apply. See the FedEx Service Guide

☐ Saturday Delivery
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

☐ No Signature Required
Package may be left without obtaining a signature for delivery.

☒ Direct Signature
Someone at recipient's address may sign for delivery.

☐ Indirect Signature
If no one is available at recipient's address, someone at a third-party address may sign for delivery. For residential deliveries only.

Does this shipment contain dangerous goods?

☒ No ☐ Yes
If "Yes", specify hazard class, quantity, and other information.

☐ Restricted for dangerous goods—see the current FedEx Service Guide. ☐ Dry Ice ☐ Cargo Aircraft Only

7 Payment Bill to:

Enter FedEx Acct. No. or Credit Card No. below. ☐ Order No. ☐ Acct. No.

☒ Sender ☐ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check

Total Packages Total Weight Credit Card Acct. No.

Your liability is limited to \$100 per package unless you declare a higher value. See the current FedEx Service Guide for details.

earthsmart
FedEx carbon-neutral
envelope shipping

RECEIVED MAY 24 2018

797
16:00
D
15:50

Express

FedEx

THU - 24 MAY AA
STANDARD OVERNIGHT
60532
ORD
XH ENLA
8130 2752 2029
FedEx
0215