

ORC

NRC HEADQUARTERS

MATERIAL LICENSE TERMINATION/RETIREMENT FORM

(To be completed only by Headquarters Section Leader or person authorized to sign licenses)

LICENSEE NAME Baxter Healthcare Corp. LICENSE NO. 10-23513-01E
ADDRESS 6154 Atlantic Blvd. DOCKET NO. 030-22292
Norcross, GA 30091 EXPIRATION DATE 19970131

LICENSE IS EXPIRED _____ BEING TERMINATED XXX

Basis for termination/retirement:

1. Superseded by License No. _____

Transfer documents to new license folder. Date Transferred _____
By _____

2. Other License terminated as requested in licensee's ltr dtd 7/28/95.
Several attempts to get product transfer summary have been unsuccessful.

DATE 09/30/96

Authorized Signature

BY

Susan L. Greene
Susan L. Greene
IMAB/IMNS/NMSS

ACTION BY IRM:
Retire old license.

ACTION BY IMOB:
Change status in computer.
Status changed to 04 on 09/30/96
by Carolyn Boyle

DISTRIBUTION:
IRM - Retired Folder
OC/LFDCB
Region Licensing Section

060036

9611060181 960930
PDR ADOCK 03022292
C PDR

ML00
c/1
cvt to Reg II



ORC

UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D.C. 20555-0001

MATERIALS LICENSE

BAXTER DIAGNOSTICS INCORPORATED
SCIENTIFIC PRODUCTS
1750 Stoneridge Drive
Stone Mountain, GA 30083

License No. 10-23513-01E
Docket No. 030-22292
Amendment No. 02

In accordance with letter dated July 28, 1995, NRC License
No. 10-23513-01E is hereby terminated.

FOR THE U.S. NUCLEAR REGULATORY COMMISSION

8/9/30/96

*9/30/96
CB*

DATE: September 30, 1996

BY: Original signed by:
Susan L. Greene
Medical, Academic, and Commercial
Use Safety Branch
Division of Industrial and
Medical Nuclear Safety
Office of Nuclear Material Safety
and Safeguards
Washington, DC 20555

*ML60
cy to Reg II*

September 30, 1996

Baxter Healthcare Corporation
ATTN: Pat Warner
Administrative Coordinator
6154 Atlantic Boulevard
Norcross, Georgia 30091

Dear Ms. Warner:

Enclosed is Amendment No. 02 terminating NRC License No. 10-23513-01E as requested in your letter of July 28, 1995.

If I can be of further assistance, please contact me at (301) 415-8140.

Sincerely,

Original signed by:

Carolyn Boyle, Licensing Assistant
Medical, Academic, and Commercial
Use Safety Branch
Division of Industrial and
Medical Nuclear Safety
Office of Nuclear Material Safety
and Safeguards

Docket No. 030-22292

Enclosure: Amendment No. 02

DISTRIBUTION:

License File 10-23513-01E
NMSS r/f
IMNS Central File
IMAB r/f
SGreene
TRich
LWCamper
Region II

OFC	IMAB:NMSS	C	IMAB:NMSS	C			
NAME	CJBoyle:cjb		SLGreene				
DATE	09/30/96		09/30/96				

C = COVER

E = COVER & ENCLOSURE

N = NO COPY

OFFICIAL RECORD COPY

G:\BAXTER.CJB

September 7, 1995

Baxter Healthcare Corporation
ATTN: Mr. Pat Warner
Administrative Coordinator
6154 Atlantic Boulevard
Norcross, Georgia 30091

Dear Mr. Warner:

I am responding to your letter of July 28, 1995, which requests the termination of Baxter Diagnostics' NRC License No. 10-23513-01E.

When notifying the Commission of the licensee's decision to discontinue activities authorized under 10 CFR 32.18, you must submit a product transfer report as required in 10 CFR 32.20(c)(3). In reviewing the license file, the latest product transfer report was dated July 9, 1991. Therefore, you must submit product transfer information from July 10, 1991, until the date of your termination request.

The review of your termination request will continue upon receipt of the above information. Please reply within 30 days, in duplicate, and reference Mail Control No. 021773. If you have any questions, please contact Carolyn Boyle at (301) 415-8140.

Sincerely,

Original signed by:

Patricia A. Santiago, Section Leader
Commercial Use Safety Section
Medical, Academic, and Commercial
Use Safety Branch
Division of Industrial and
Medical Nuclear Safety
Office of Nuclear Material Safety
and Safeguards

DISTRIBUTION:

License File 10-23513-01E
NMSS r/f
IMNS Central file

DOCUMENT NAME: G:\BAXTER.CJB

To receive a copy of this document, indicate in the box: "C" = Copy without enclosures "E" = Copy with enclosures "N" = No copy

OFFICE	IMAB:NMSS <input checked="" type="checkbox"/>	IMAB:NMSS <input checked="" type="checkbox"/>						
NAME	CJBoyle:cjb	PASantiago						
DATE	09/6/95	09/6/95						

OFFICIAL RECORD COPY

Baxter

July 28, 1995

U.S. Nuclear Regulatory Commission
Medical, Academic & Commercial Use Safety Branch
Division of Industrial and Medical Nuclear Safety, NMSS
Washington, DC 20555

Re: License #10-23513-01E
Docket No. 030-22292
Baxter Healthcare Corporation
(was Baxter Diagnostics Incorporated)
Scientific Products Division
1750 Stoneridge Drive
Stone Mountain, GA 30083

Dear Sir/Madam,

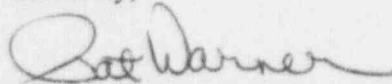
Baxter has decided not to carry the Radiometric Blood Culture Test Vials which required us to acquire the above referenced license at our Stone Mountain facility. We do not have any product left in our facility to distribute and will not be stocking or offering the product for sale in the future. The last product was shipped from our facility on July 28, 1995.

Attached is a copy of the request to Georgia to cancel our State License, signed by our QRA Manager, Chris J. Anderson, the responsible official.

If there is some return of the license fee it should be returned to Baxter, % Chris J. Anderson, QRA Manager, 6154 Atlantic Blvd, Norcross, GA. 30071

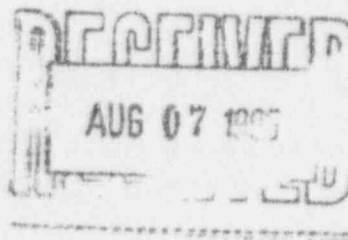
If you should need any additional information please call him at the above number.

Sincerely,



Pat Warner
Administrative Coordinator

cc: Chris J. Anderson, Baxter



021773

GEORGIA DEPARTMENT OF NATURAL RESOURCES
RADIOACTIVE MATERIALS PROGRAM
REQUEST TO TERMINATE RADIOACTIVE MATERIAL LICENSE

INSTRUCTIONS: Please Return Two Completed Copies of This Form To:

GEORGIA DEPARTMENT OF NATURAL RESOURCES
RADIOACTIVE MATERIALS PROGRAM
4244 INTERNATIONAL PARKWAY,
SUITE 114
ATLANTA, GEORGIA 30309

1. Licensee Baxter Healthcare Corp 2. License Number GA873-1
3. Address 1750 Stoneridge Dr Zip Code 30083
Stone Mountain, GA 30083
4. Request is hereby made that the Radioactive Material License described above be terminated for the following reason:

Product is no longer stock/being offered for
sale by Baxter. All product that was in
stock had been sold/dispensed to customers by 7/20/95.

5. Radioactive Material possessed under this license has been disposed of as indicated below:

☒ Material was used for the licensed purposes, none remains.

☐ Material was leased, and has been returned to lessor.

☐ Material has been transferred to the following licensee:

Name _____ License No. _____

Address _____ Zip Code _____

☐ Material has been disposed of in the following manner:

6. Signature

(a) If Licensee is in name of Institution,
Responsible official must sign below

Jim Anderson 7/31/95
Official

(b) If Licensee is in name of individuals,
Radiation Safety Officer must sign below

Radiation Safety Officer

LTS WORKSHEET

DOCKET NO : 03022292 LICENSE NO : 10-23513-01E STATUS: *04*
MAIL CONTROL: 021773 RECEIPT DATE : 950807 ACTION TYPE: 5
DUE DATE : 951105
FED. GOVT : N INST. CODE : 23513 LICENSE REGION: 0
ISSUE DATE: *960930* ~~920128~~ ORIGINAL DATE: 850522 EXPIRATION DATE: 19970131
NAME : BAXTER DIAGNOSTICS INC. DECOM FIN ASSUR REQD: N
SUBM: _

PA52,
pls assign.
CB

DEPT/BUREAU: SCIENTIFIC PRODUCTS CONT PLAN REQD: N APPRV: _
BUILDING : _____
STREET : 1750 STONERIDGE DRIVE
CITY : STONE MOUNTAIN STATE: GA ZIP: 30063
CONTACT PERSON: CHRIS J. ANDERSON PHONE: 708-578-4842

PRIMARY PGM CODE : 03253 SECONDARY PGM CODES: _____

INSPECTION REGION: 2 PRIORITY CODE: 5 INSPECTION CATEGORY: E

RADIATION SAFETY OFFICER: _____

STATES WHERE USE IS AUTHORIZED: 1 0 - ALL LISTED STATES
1 - SAME AS STATE IN ADDRESS
2 - ALL STATES
3 - NON-AGREEMENT STATES
AUTHORIZED STATES: _____ (USE ONLY IF ABOVE IS ZERO)

REPORTING IDENTIFICATION SYMBOL: _____

APPROVAL FOR: REDISTRIBUTION: N STORAGE ONLY: N
TEMPORARY JOB SITES: N INCINERATION: N
BURIAL: N

EXEMPTIONS: (1) _____ (2) _____

The last product transfer
dfs 7/9/91.

POSSESSION LIMIT INFORMATION

PAGE: 2

MATERIAL TYPE	:	_____	FORM CODE:	_____	AGGREGATE CODE:	_____
MODEL NUMBER	:	_____				
DESCRIPTION	:	_____				
TOTAL QUANTITY	:	_____	UNIT:	_____		
OTHER	:	_____	# SOURCES:	_____		
MATERIAL TYPE	:	_____	FORM CODE:	_____	AGGREGATE CODE:	_____
MODEL NUMBER	:	_____				
DESCRIPTION	:	_____				
TOTAL QUANTITY	:	_____	UNIT:	_____		
OTHER	:	_____	# SOURCES:	_____		
MATERIAL TYPE	:	_____	FORM CODE:	_____	AGGREGATE CODE:	_____
MODEL NUMBER	:	_____				
DESCRIPTION	:	_____				
TOTAL QUANTITY	:	_____	UNIT:	_____		
OTHER	:	_____	# SOURCES:	_____		
MATERIAL TYPE	:	_____	FORM CODE:	_____	AGGREGATE CODE:	_____
MODEL NUMBER	:	_____				
DESCRIPTION	:	_____				
TOTAL QUANTITY	:	_____	UNIT:	_____		
OTHER	:	_____	# SOURCES:	_____		
MATERIAL TYPE	:	_____	FORM CODE:	_____	AGGREGATE CODE:	_____
MODEL NUMBER	:	_____				
DESCRIPTION	:	_____				
TOTAL QUANTITY	:	_____	UNIT:	_____		
OTHER	:	_____	# SOURCES:	_____		

INDIVIDUAL USERS

AUTHORIZATION

NAME

ADDRESS WHERE MATERIAL IS USED OR POSSESSED

BUILDING:					
ROOM:					
STREET:					
CITY:					
STATE:					
BUILDING:					
ROOM:					
STREET:					
CITY:					
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STREET:					
CITY:					
STATE:					

DOCKET: 03022292 LIC: 10-23513-01E NAME: BAXTER DIAGNOSTICS INC.

PARTY ISSUING MECHANISM: ASSUR TYPE : _ (C=CERT D=DFP)
NAME : MECH TYPE : _
ADDR1 : MECH AMOUNT : _
ADDR2 : APPROVED? DATE : _
CITY : EXPIRES ? DATE : _
STATE : ZIP: _

PARTY ISSUING MECHANISM: ASSUR TYPE : _ (C=CERT D=DFP)
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ADDR1 : MECH AMOUNT : _
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CITY : EXPIRES ? DATE : _
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CITY : EXPIRES ? DATE : _
STATE : ZIP: _

PARTY ISSUING MECHANISM: ASSUR TYPE : _ (C=CERT D=DFP)
NAME : MECH TYPE : _
ADDR1 : MECH AMOUNT : _
ADDR2 : APPROVED? DATE : _
CITY : EXPIRES ? DATE : _
STATE : ZIP: _

PARTY ISSUING MECHANISM: ASSUR TYPE : _ (C=CERT D=DFP)
NAME : MECH TYPE : _
ADDR1 : MECH AMOUNT : _
ADDR2 : APPROVED? DATE : _
CITY : EXPIRES ? DATE : _
STATE : ZIP: _

PAGE : 5

MEDICAL QUALITY MANAGEMENT PROGRAM REQUIRED: N RECEIVED: APPROVED:

DECOMMISSIONING FINANCIAL ASSURANCE REQUIRED: N SUBMITTED:

CONTINGENCY PLAN REQUIRED: N APPROVED: _____

DECAY-IN-STORAGE APPROVED: N HOLDING FOR < 10 HALF-LIVES APPROVED: _____

T 1/2 > 65 DAYS, ISOTOPE(S): _____

INTERIM STORAGE UP TO 1996: N

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 03253
Status Code: 0
Fee Category: 31
Exp. Date: 19970131
Fee Comments:
Decom Fin Assur Req'd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: BAXTER DIAGNOSTICS INC.
Received Date: 950807
Docket No: 3022292
Control No.: 021773
License No.: 10-23513-01E
Action Type: Termination

2. FEE ATTACHED

Amount:
Check No.: /

3. COMMENTS

Signed Boyle
Date 8/7/95

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

1. Fee Category and Amount: 31

2. Correct Fee Paid. Application may be processed for

Amendment /
Renewal /
License /

FEE EXEMPT
Termination

3. OTHER

Signed Linda Mitchell
Date 8-9-95

RECEIVED BY LFDCB

Date 8-8-95
Log Aug 1 HQS
By Linda Mitchell
Date Completed 8-9-95

FEE EXEMPT
(TERM)

1025 AUG -8 PM 4:23