

PROVALID AB

Datum/Date

96-8-23

Er datum/Your date

Vår ref/Our ref

NRC-TERM.DOC/AO

Er ref/Your ref

Nuclear Regulatory Commission
Region II
101 Marietta Street, N.W., Suite 2900
Atlanta, GA 30323-0199

Re: Termination of licenses 45-25060-01 and 45-25060-02G.

Dear Sir or Madam,

Please, find enclosed additional information to NRC form 314:

A.2.

We have only used one type of sealed sources, Am-241, from Amersham, United Kingdom, NRC registration no: AMC.D3. These sealed sources have been assembled into our instrument at the manufacturing premises in Lund, Sweden. The instrument including the sources have then been shipped to US. The sources have not been removed from the instrument after shipment to US. Only sources assembled into our instrument in Sweden have been possessed at the premises of Herndon, VA. The complete instrument including the sources sent to US have then been shipped to the US customer. No additional sources have been kept at the premises of Herndon, VA. No waste has therefore occurred.

There have been no sources at the premises of Herndon, VA after October 1994.

For transfers of sold instruments, please see enclosure.

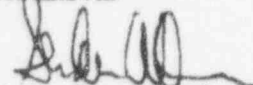
B.2.

No radiation survey was conducted at the premises of Herndon, VA, since no work have been performed with the radioactive sources, see A.2. above.

If you have any questions or need any information, do not hesitate to contact me at telephone +46 40 40 55 40 or fax +46 40 40 54 14. There are a time difference of 6 hours between Sweden and Georgia. We are 6 hours before you.

Yours sincerely

Provalid AB



Anders Ohlsson, RSO

Provalid Corp., 460 Spring Park Place, Herndon, VA 22070
Provalid AB, Avtalsvägen 15, S-227 61 LUND, SWEDEN
Organization no.: 556295-4635

Tel. (703) 471-7070
Tel. +46 46-13 50 95

Fax. (703) 471-1165
Fax. +46 46-13 07 39

all this was faxed to RII 11/19/96

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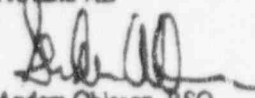
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Provalid AB, Axtalsvägen 15, S-227 61 LUND, SWEDEN
Organization no.: 536295-4635

Tel. (703) 471-7070
Tel. +46 46-13 50 95

Fax. (703) 471-1165
Fax. +46 46-13 07 39

All this was faxed to RII 11/19/96

All these ~~revisions~~ revisions are
to be
filed separately with
a copy of the letter
on top. SK.

6/11/96
1800



NO: HM 4617-96
NO: 45-25060-01

EE: Provided
IN FOR CANCELLATION/REVISION: Unprorate -
Should be full bill -
termination was
voided, therefore
full amt. is due

PREPARED BY: SK

APPROVED BY: J. Rodriguez

PRINT/MAIL NEW INVOICE:

ENTERED IN BILLING SYSTEM BY:

YES:

DATE:

DATE: 11/21/96

DATE: 11/27/96

NO:

12/9/96

Time: 1:57 pm

NRC - PC MatAnn

Record #:

PC MatAnn -- Matann Database

Invoice ID	Invoice Date	Fee Amount	Surcharge or Credit	Category	License Number	SBA	A	CAN
Top of listing - Select to return to original record.								
AM2536-95	07/22/95	400.00	0.00	3P	45-25060-01	2	N	N
AM2536-95	07/22/95	400.00	0.00	3N	45-25060-01	2	N	N
AM2536-95	07/22/95	1700.00	0.00	3P	45-25060-01		Y	N
AM2536-95	07/22/95	6000.00	0.00	3N	45-25060-01		Y	N
AM2601-94	08/20/94	400.00	0.00	3P	45-25060-01	1	N	N
AM2601-94	08/20/94	2300.00	170.00	3P	45-25060-01		Y	N
AM3237-93	08/21/93	400.00	0.00	3P	45-25060-01	1	N	N
AM3237-93	08/21/93	2000.00	120.00	3P	45-25060-01		Y	N
AM4667-96	06/11/96	2800.00	0.00	3N	45-25060-01		N	N
AM4667-96	06/11/96	800.00	0.00	3P	45-25060-01		N	N

No more records - Select to return to original record.

Use cursor key(s) to make selection and press <ENTER>.

05 months
97 months available

FAX TRANSMITTAL

To: <u>Sandy</u>	From: <u>DIANE</u>
Dept./Agency	Phone # <u>RTT</u>
Fax # <u>201-415-5387</u>	Fax #

45-25060-01

TO: License Fee Management Branch
 FROM: RTT
 SUBJECT: VOIDED APPLICATION

Control Number: 256891
 Applicant: Propylid
 Date Voided: 7/8/96
 Reason for Void: _____

Licensee request dtd. 7/1/96

Diane Harris 7/9/96
 Signature Date

Attachment:
 Official Record Copy of
 Voided Action

FOR LFMB USE ONLY

Final Review of VOID Completed:

- ☐ Refund Authorized and processed
- ☐ No Refund Due
- ☐ Fee Exempt or Fee Not Required

Comments: _____

Log completed ☐
 Processed by: _____

11/19/96

TELECOPIER TRANSMITTAL

WARNING: Most facsimile machines produce copies on thermal paper. The image produced is highly unstable and will deteriorate significantly in a few years. Reproduce copies onto plain paper prior to filing as a record.

TO

NAME

Diane Heim

TELEPHONE

NAME AND LOCATION OF COMPANY (If other than NRC)

R. II

TELECOPY NUMBER

404 331 7437

VERIFICATION NUMBER

FROM

NAME

S. Kimberly

TELEPHONE

MAIL STOP

TELECOPY DATA

NUMBER OF PAGES

THIS PAGE + 9 PAGES = 10 TOTAL

PRIORITY

IMMEDIATE

OTHER
(Specify)

SPECIAL INSTRUCTIONS

PROBLEMS

If any problems occur or if you do not receive all the pages, call:

TELEPHONE

PROCESSED BY (INITIALS)

DISPOSITION OF ORIGINAL

After telecopy has been sent, process the original as requested below. (If none are checked, the original will be discarded.)

RETURN TO SENDER

CALL AND SENDER WILL PICK UP

DISCARD

VERIFIED BY (INITIALS)

ACTION: R TABLEID: ARHT USERID: AM02

*** RECEIVABLE HEADER INQUIRY TABLE ***

KEY IS TRANS CODE, DOC NUM

TRANS CODE: LD DOC NUM: AM4667-96 DOC TYPE:
DOCUMENT DATE: 06 11 96 COMMENTS: 45-25060-01
PAYER CODE/NAME: 452506001 L / PROVALID CORPORATION
ADDRESS: 460 SPRING PARK PLACE

CITY: HERNDON STATE: VA ZIP: 22070 -

COLL DUE DATE: 07 12 96	LAST BILL DATE/AMT: 06 11 96 /	800.00
PRINT BILL: E	BILL PRINT DATE: 06 11 96	BILLED AMT: 800.00
INT RATE: 5.000	INT APPLY DATE:	INTEREST AMT: 0.00
TEXT TYPE: ADM CHGS	APPLY DATE:	ADM CHGS AMT: 0.00
WAIVER FLAG:	PEN APPLY DATE:	PENALTY AMT: 0.00
DUNNING COUNT: 00	LAST DUN DATE:	TOTAL AMT: 800.00
OVERDUE STATUS:	OVERDUE DATE:	COLLECTED AMT: 800.00
	OUTSTANDING BALANCE:	0.00
WRITE-OFF FLAG:	WRITE-OFF DATE:	AGREEMENT NUM:
WRITE-OFF REASON:	WRITE-OFF AMT:	0.00 CASE HISTORY FLAG: Y
DOC CLOSING DATE: 12 10 96	CLOSED DOCUMENT AMT:	800.00
OVERPAYMENT CAUSE:	REPRINT BILL AMT:	0.00

U. S. NUCLEAR REGULATORY COMMISSION
FY 96 Annual Materials Fee Invoice
Period 10/1/1995 - 9/30/1996
10 CFR 171.16

Paid

Invoice Date
=====

06/11/96

License Anniversary Month
=====

May

Invoice Number
=====

AM4667-96

TO: PROVALID CORPORATION
ATTENTION: RADIATION SAFETY OFFICER
460 SPRING PARK PLACE
HERNDON, VA 22070

***** Mark PAYMENT COPY with any billing address changes *****

License/Approval/ Registration/ Certificate Number =====	Code =====	Annual Fee Category(s) =====	Fee Amount =====
45-25060-01	ANN	3N	\$ 400.00
45-25060-01	ANN	3P	\$ 400.00
TOTAL:			\$ 800.00
TOTAL INVOICE:			\$ 800.00

If paid by Fedwire see attached Terms and Conditions. If paid by check,
make check payable to the NRC (reference Invoice no.) and mail to:

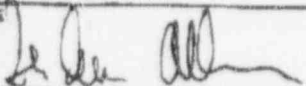
=====

U.S. Nuclear Regulatory Commission
License Fee & Accounts Receivable Branch
P.O. Box 954514
St. Louis, MO 63195-4514

<=== This PO Box address is
<=== for receipt of payments
<=== only.

For terms and conditions see attached.
Payment must be received within 30 days of the
date of this invoice to avoid late charges.
Questions: call 301/415-7554.

*
* N R C F I L E C O P Y *
*

NRC FORM 314 (8-90) 18 CFR 30.28(c)(1)(iv) 10 CFR 40.42(c)(1)(iv) 10 CFR 70.38(c)(1)(iv)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: 3150-0028 EXPIRES: 4/30/92	
CERTIFICATE OF DISPOSITION OF MATERIALS				<small>ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THE INFORMATION COLLECTED ON REQUEST: 30 MIN. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (MNRB-7716, U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20548) AND TO THE PAPERWORK REDUCTION PROJECT (3150-0028), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.</small>	
INSTRUCTIONS: SEND THE COMPLETED CERTIFICATE TO THE NRC OFFICE SPECIFIED ON THE REVERSE. (All items MUST be completed--print or type)					
LICENSEE NAME AND ADDRESS Provalid Corp. c/o Vidar Systems Corp. 460 Spring Park Place Herndon, VA 22070				LICENSE NUMBER 45-25060-01	
				LICENSE EXPIRATION DATE May 31, 97	
THE LICENSEE OR ANY INDIVIDUAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE LICENSEE CERTIFIES THAT: (Check and/or complete the appropriate item(s) below.)					
A. MATERIALS DATA (Check one and complete as necessary)					
<input type="checkbox"/> 1. NO MATERIALS HAVE EVER BEEN PROCURED OR POSSESSED BY THE LICENSEE UNDER THIS LICENSE.					
<input checked="" type="checkbox"/> 2. ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSEE UNDER THE LICENSE NUMBER CITED ABOVE HAVE BEEN DISPOSED OF IN THE FOLLOWING MANNER. (If additional space is needed, use the reverse side or provide attachments.) Describe specific material transfer actions and, if there were radioactive wastes generated in terminating this license, the disposal actions, including the disposition of low-level radioactive waste, mixed waste, Greater than Class C waste, and sealed sources, if applicable. See attached letter. For transfers, specify the date of the transfer, the name of the licensed recipient, and the recipient's NRC license number or Agreement State name and license number. See enclosure 1. If materials were disposed of directly by the licensee rather than transferred to another licensee, licensed disposal site or waste contractor, describe the specific disposal procedures (e.g., decay in storage).					
B. OTHER DATA					
<input checked="" type="checkbox"/> 1. OUR LICENSE HAS NOT YET EXPIRED. PLEASE TERMINATE IT.					
2. WAS A RADIATION SURVEY CONDUCTED TO CONFIRM THE ABSENCE OF LICENSED RADIOACTIVE MATERIALS AND TO DETERMINE WHETHER ANY CONTAMINATION REMAINS ON THE PREMISES COVERED BY THE LICENSE? (Check one.) <input checked="" type="checkbox"/> NO (Attach explanation) <input type="checkbox"/> YES. THE RESULTS (Check one): <input type="checkbox"/> ARE ATTACHED, OR <input type="checkbox"/> WERE FORWARDED TO NRC ON (Date):					
3. THE PERSON TO BE CONTACTED REGARDING THE INFORMATION PROVIDED ON THIS FORM NAME: Anders Ohlsson TELEPHONE NUMBER: Int. +46 40 40 55 40					
4. MAIL ALL FUTURE CORRESPONDENCE REGARDING THIS LICENSE TO: Vidar Systems Corp. Attn. Jeff Clark 460 Spring Park Place Herndon, VA 22070					
CERTIFYING OFFICIAL					
I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.					
SIGNATURE: 				DATE: Aug 23, 96	
PRINTED NAME AND TITLE: Anders Ohlsson, RSO					
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 RESPECTS. 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.					

NRC FORM 314 (8-90)

Faxed to RII 11/19/96

Postmarked 8/28/96



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION II
101 MARSHALL STREET, N.W., SUITE 2800
ATLANTA, GEORGIA 30303-0198

TELEFAX

TO: PROVALID CORP. License # 5 - 25060 - 01

Attn: Anders Ohlsson or Mary Jefferson Title: _____

FAX: (703) 471-1165 CITY _____, STATE _____

FROM: Diana Main TITLE: Lic. Asst.

DIVISION OF NUCLEAR MATERIALS SAFETY

DATE: 1/30/95

FAX: (404) 331-7437 VOICE: (404) 331-4673

SUBJECT: YOUR REQUEST FOR TRANSFER OR TERMINATION OF NRC LICENSE

Please provide the following certification, in addition to the
NRC FORM 314 (Certificate of Disposition of Materials):

All records important to the safe and effective decommissioning
of the facility (10 CFR 30.35(g), 40.36(f), 70.25(g), and
72.30(d)); and all records concerning public dose and waste
disposal, have been transferred to:

☐ 1. Name: _____ [Successor]
License # _____ Street: _____
City: _____, State: _____

OR

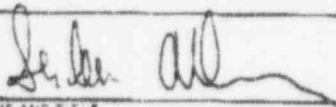
☒ 2. USNRC, Attn: Nuclear Materials Licensing Section, at
the above address,

AND

☒ 3. There is no residual contamination of the facility or
environs from licensed materials.

Signature: [Signature] Date Aug 23, 96

Printed Name and Title: ANDERS OHLSSON, RSO

<p>NRC FORM 314 (8-90) 10 CFR 30.38(c)(1)(iv) 10 CFR 40.42(c)(1)(iv) 10 CFR 70.38(c)(1)(iv)</p>		<p>U.S. NUCLEAR REGULATORY COMMISSION</p>		<p>APPROVED BY OMB: 3150-0028 EXPIRES: 4/30/92</p> <p>ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 30 MIN. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (MMS-7716) U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20545 AND TO THE PAPERWORK REDUCTION PROJECT (3150-0028), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503</p>	
<h3>CERTIFICATE OF DISPOSITION OF MATERIALS</h3>					
<p>INSTRUCTIONS: SEND THE COMPLETED CERTIFICATE TO THE NRC OFFICE SPECIFIED ON THE REVERSE. (All items MUST be completed - print or type)</p>					
<p>LICENSEE NAME AND ADDRESS</p> <p>Provalid Corp. c/o Vidar Systems Corp. 460 Spring Park Place Herndon, VA 22070</p>				<p>LICENSE NUMBER</p> <p>45-25060-02G</p> <p>LICENSE EXPIRATION DATE</p> <p>Oct. 31, 99</p>	
<p>THE LICENSEE OR ANY INDIVIDUAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE LICENSEE CERTIFIES THAT: (Check and/or complete the appropriate item(s) below.)</p>					
<p>A. MATERIALS DATA (Check one and complete as necessary)</p>					
<p><input type="checkbox"/> 1. NO MATERIALS HAVE EVER BEEN PROCURED OR POSSESSED BY THE LICENSEE UNDER THIS LICENSE</p> <p><input checked="" type="checkbox"/> 2. ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSEE UNDER THE LICENSE NUMBER CITED ABOVE HAVE BEEN DISPOSED OF IN THE FOLLOWING MANNER: (If additional space is needed, use the reverse side or provide attachments)</p> <p>Describe specific material transfer actions and, if there were radioactive wastes generated in terminating this license, the disposal actions, including the disposition of low-level radioactive waste, mixed waste, Greater than Class C waste, and sealed sources, if applicable.</p> <p>See attached letter.</p> <p>For transfers, specify the date of the transfer, the name of the licensed recipient, and the recipient's NRC license number or Agreement State name and license number.</p> <p>See enclosure 1.</p> <p>If materials were disposed of directly by the licensee rather than transferred to another licensee, licensed disposal site or waste contractor, describe the specific disposal procedures (e.g., decay in storage).</p>					
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<p>CERTIFYING OFFICIAL</p>					
<p>I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.</p>					
<p>SIGNATURE</p> <p></p> <p>PRINTED NAME AND TITLE</p> <p>Anders Ohlsson, RSO</p>				<p>DATE</p> <p>Aug 23, 96</p>	
<p>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 RESPECTS. 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.</p>					



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION I
101 MARITTA STREET, N.W., SUITE 2000
ATLANTA, GEORGIA 30325-0100

To Jeff Clark

TELEFAX

TO: Provalis Corp License # 45-2 25060 - 02G

Attn: Anders Ohlsson or Jeff Jefferson Title: _____

FAX: (703) 471-1165 CITY _____, STATE _____

FROM: _____ TITLE: _____

DIVISION OF NUCLEAR MATERIALS SAFETY

DATE: 1/30/96

FAX: (404) 331-7437 VOICE: (404) 331-4673

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72.30(d)]; and all records concerning public dose and waste
disposal, have been transferred to:

☐ 1. Name: _____ [successor]
License # _____ Street: _____
City: _____, State: _____

OR

☒ 2. USNRC, Attn: Nuclear Materials Licensing Section, at
the above address,
AND

☒ 3. There is no residual contamination of the facility or
environs from licensed materials.

Signature: Jefferson Date: Aug 23, 96

Printed Name and Title: ANDERS OHLSSON, RSO

to

3 1/2

Address USA

License #01

Del. date

Address

Direct line

Sandoz Pharmaceuticals Corp
Sandoz Research Institute
59 Route 10
East Hanover, NJ 07936-1080

Tel. (201) 503-7500
Fax. (201) 503-8265

Horst F. Schran, Ph.D.
Lew Peirya
Michael G. Schuman, M.D.

Tel. (201) 503-8423
Tel. (201) 503-8976
Fax. (201) 503-6498

29-08978-02
Carmine Salvo, RSO

Jan 7, 92

The University of Texas
Southwestern Medical Centre
Dep of Surgery, Suite E7 / 124
5323 Harry Hines Blvd
Dallas, TX 75235-9031

Tel. (214) 588-2393

Ingemar Davidson, M.D. Ph.D.

Tel. (214) 588-2393
Fax. (214) 588-2672

L00384
Jose Lopez, RSO

Aug 7, 92

The University of Michigan
Dep of Internal Medicine
Div of Nephrology
3914 Taubman Center
Ann Arbor, MI 48109-0364

Nephrology section (111J)
VA Medical Centre
2215 Fuller Road
Ann Arbor, MI 48105

MSRB II, room 1574
1150 W. Medical Center Dr.
Ann Arbor, MI 48109-0676

Tel. (313) 936-4890
Fax. (313) 936-9621

Alan Leichtman, M.D.

Tel. (313) 936-4890
Fax. (313) 936-9621

Eric Young, M.D.

Tel. (313) 761-7983
Fax. (313) 769-7039

Josie Briggs, M.D.
Ann Smart

Tel. (313) 763-0990
Tel. (313) 763-3724
Fax. (313) 763-0982

21-00215-04
Mark Briscoll, RSO

Aug 21, 92

Address.USA

License nos

Del. date

Address

Direct line

Oregon Health Sciences University
Div of Nephrology, Hypertension and
Clinical Pharmacology
3181 S.W Sam Jackson Park Road, PP262
Portland, OR 97201-3098

Cathy Shuler, M.D.
William M. Bennett, M.D.
(Jeffrey S. Stevens)

Tel. (503) 220-8262, ext 5625
Fax. (503) 721-7810
Tel. (503) 494-3257
Tel. (503) 494-8468

ORE-0013-1

Lawrence Winans, RSO

Sept 28, 92

Tel. (503) 494-8490
Fax. (503) 494-5330

University of Minnesota
Dep of Surgery
Medical School
Room 11-136 Moos Tower
Box 328
515 Delaware Street S.E.
Minneapolis, MN 55455

Arthur J. Mntas, M.D.
Thomas Cunningham
Daniel M. Canafax, Pharm.D.

Tel. (612) 625-6460
Fax. (612) 624-6469
Tel. (612) 626-5317
Fax. (612) 624-6969
Tel. (612) 624-2911
Fax. (612) 625-9931

22-00187-46

Jerry Strayer, RSO

Aug 10, 92

Minneapolis Medical Research Foundation
Regional Kidney Disease Program
901 South 6 Street
Minneapolis, MN 55404

Suzanne K. Swan, M.D.
Bertram L. Kasiske, M.D.
Charles Halstenson, Pharm.D.

Tel. (612) 347-6367
Fax. (612) 347-2003
Tel. (612) 347-6096
Tel. (612) 347-5834
Fax. (612) 337-7372

22-14070-01

Bruce Hesselquist, RSO

July 17, 92

Loyola University
Medical Center
Dept of Renal Transplantation, bldg 54, room 203
2160 South First Avenue
Maywood, IL 60153

Richard M. Lewis, M.D.
Richard W. Osgood

Tel. (708) 216-3454
Fax. (708) 216-6585

Sold to University of Texas, Houston:

Mar 3, 94

L 02774

Robert Emery, RSO

Address USA

XC

#

License no:

Del. date

Address

Direct line

485

Apr 26, 93

The University of Alabama at Birmingham John J. Curtis, M.D.
Nephrology Research and Training Center
643 Tinsley Harrison Tower
Birmingham, AL 35294

Tel. (205) 934-3217
Fax. (205) 934-7742

Buprd Smith, RSO

Childrens Hospital Medical Center
Div of Nephrology
Elland & Bethesda Avenues
Cincinnati, OHIO 45229-2899

C. Frederic Strife, M.D.

Tel. (513) 559-4531
Fax. (513) 559-7407

3406903 - 05

Victoria Morris, RSO

Jun 23, 93

University of Texas
Texas Medical Center, Medical School
Div of Immunology and Organ Transplantation
Dep of Surgery
6431 Fannin, Suite 6.240
Houston, TX 77030

Barry D. Kahan, Ph.D., M.D.
Kim Napoli, PhD

Tel. (713) 792-5670
Fax. (713) 792-5917

L02774

Robert Emery, RSO

hol:

Apr 1, 93

ho2:

May 3, 94

University of Texas
Texas Medical Center, Medical School
Div of Nephrology and Hypertension
Dep of Pediatrics
6431 Fannin, Suite 3.124
Houston, TX 77030

Ronald J. Portman M.D.

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Oct 1, 93

Address: USA

tel

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23/08 '96 17:04 +46 46 130739

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Address

University of Chicago
Dep. of Surgery
5841 South Maryland
Chicago, IL 60637

Richard Thistlethwaite, M.D., Ph.D Tel. (312) 702-6104

Direct line

License nos

Del. date

General license

Jan 2, 95.

Date Boyce, RSO, is informed
about the instrument

University of Virginia
Dep. of Medicine, Div. of Nephrology
Health Sciences Center
Box 133
Charlottesville, VA 22908

W. Kline Bolton, M.D.

Tel. (804) 924-5125
Fax. (804) 924 5848

45 - 00034 - 26

Jul 27, 96

Rick Piccolo, RSO

University of California, Renal Center
San Francisco General Hospital
Building 100, Room 350
Box 1341
San Francisco, CA 94143-1341

Burl R. Don, M.D.

Tel. (415) 476-4104
Fax. (415) 282-8182

1725-90

Jun 27, 96

Ara Tahmassian

Sent from :

TELEFAX

Anders Ohlsson, M.Sc.E.E.

PROVALID ABAvtalsvägen 15
S-227 61 LUND
SWEDEN

Tel : Int +46 46 13 50 95

Fax : Int +46 46 13 07 39

To : NRC, region II, ATLANTA

Fax : 0071 - 404 331 7437

Attn : Earl G. Wright

Date : 1996-07-03

Number of pages (incl. this) : 1

(If any part of this transmission is unclear, please call us)

Regarding materials license no 45-25060-01, -02G

Dear Mr Wright,

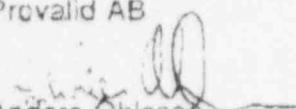
Referring to our telephone conversation yesterday regarding our letter dated February 5th, 1996 to you, I hereby confirm that our request of terminating our licenses should be put on hold.

If you have any questions or need further information, please don't hesitate to contact us.

Thank you for your cooperation.

Yours sincerely,

Provalid AB


Anders Ohlsson
Prod. Man.

June 24, 1996

Provalid Corporation
ATTN: Ms. Lena Ytterberg/Mr. Jeff Clark
C/O Vidar Systems Corporation
460 Spring Place
Herndon, VA 22070

SUBJECT: DISTRIBUTION OF THE RENALYZER (REFERENCE: 45-25060-01, -02G;
030-32674, 030-33627)

Dear Ms. Ytterberg/Mr. Clark:

This refers to your letter dated February 5, 1996, which raised the question of whether Provalid Corporation may distribute a Renalyzer to the University of Arkansas during the time frame of June-July 1996, if the time frame will be after the distribution license has been terminated.

As long as License No. 45-25060-02G remains in force, you may make the "distribution" of the Renalyzer to University of Arkansas. The distribution must be made in accordance with the terms of your distribution license and 10 CFR 32.51. Please let me know when the transaction has been completed.

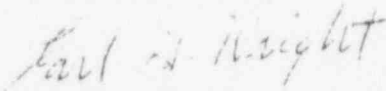
Prior to terminating your licenses as requested in your letter dated January 16, 1996, I need the following information:

1. A properly completed and signed NRC Form 314 (enclosure 1) to document the disposition of any licensed materials possessed in the facilities authorized by License No. 45-25060-01.
2. A properly executed and signed document specifying disposition of records applicable to License Nos. 45-25060-01, and 02G (see enclosure 2-TeleFAX)

The completed forms should be promptly returned to me at the address specified to allow for action on your request.

If you have questions about this letter or your licenses, please call me at 404/331-5617 (FAX: 404/331-7437).

Sincerely,



EARL G. WRIGHT
Senior License Reviewer
Division Nuclear Materials Safety

Enclosures:

1. NRC Form 314
2. TELEFAX Form

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