

NORTHERN INDIANA MEDICAL LABORATORIES SERVICES, INC.

30-1653

MEDICAL DIRECTORS:

DIPLOMATES, AMERICAN BOARD OF PATHOLOGY

GEORGE A. AZAR, M.D.  
ROBERT E. MCBRIDE, M.D.  
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422 FRANKLIN STREET  
P. O. BOX 341  
MICHIGAN CITY, INDIANA 46360  
(219) 872-5521

October 15, 1984

RECEIVED

'84 OCT 29 11:48

U.S. N.R.C.  
LIC. FEE MGMT. BRANCH

United States Nuclear Regulatory Commission  
Materials Licensing Branch  
Region III  
799 Roosevelt Rd.  
Glen Ellyn, Illinois 60137

Dear Sirs:

This is to inform you of the change in ownership and name of our facility, Northern Indiana Medical Laboratory Services, Inc. The facility is now owned by Alverno-Michigan City Corporation and is doing business as Northern Indiana Medical Laboratory Services. We would like to apply for an amendment to our license for by-product material, #13-11758-01, to this effect.

Enclosed, please find a check in the amount of \$120.00 for the amendment fee.

RECEIVED BY LFMB	
Date	10/29/84
Log	oct 26
By	RB
Orig. To	R/111
Action Compl.	RB

REM/bh

Enclosure

CONTROL NO. 77672

CONTROL NO. 77672

Sincerely,

*Robert E. McBride, M.D.*

Robert E. McBride, M.D.  
Administrative Director

Applicant	
Check No.	1095
Amount	\$120
Fee Category	7C and
Type of Fee	
Date Check Rec'd	10/29/84
Received By	RB

RECEIVED

OCT 22 1984

REGION III

no refund due  
B Jackson

8512060336 841102  
REG3 LIC30  
13-11758-01 PDR

OCT 22 1984

## Fee Paid MATERIALS DATA INPUT—INDUSTRIAL, MEDICAL, SOURCE/SPECIAL NUCLEAR

## A. TYPE OF ACTION AND IDENTIFICATION CODES

<input type="checkbox"/> NEW LICENSE	<input type="checkbox"/> AMENDMENT TO RENEW LICENSE	<input type="checkbox"/> AMENDMENT TO TERMINATE	<input checked="" type="checkbox"/> VOID	DOCKET NUMBER	MAIL CONTROL NUMBER	CHANGE NAME/ADDRESS ("X" box)
<input type="checkbox"/> NEW LICENSE AND NEW LICENSEE	<input checked="" type="checkbox"/> OTHER AMENDMENT	<input type="checkbox"/> CLERICAL CHANGE NO AMENDMENT	<input type="checkbox"/> 4	030-01653	77572	<input type="checkbox"/>

## B. INDICATIVE INFORMATION

INDIVIDUAL LICENSEES	NAME (Last, First, Middle)	NAME (Last, First, Middle)			
	NAME (Last, First, Middle)	NAME (Last, First, Middle)			
	NAME (Last, First, Middle)	NAME (Last, First, Middle)			
ORGANIZATION LICENSEES	ORGANIZATION NAME (Alphabetic Sequence) Northern Indiana Medical Lab.				
	DEPARTMENT OR BUREAU				
ADDRESS	BUILDING, STREET 422 Franklin Street	CITY Michigan City	STATE IN	ZIP CODE 46360	
TYPE OF APPLICANT	<input type="checkbox"/> U.S. GOVERNMENT AGENCY	DATE REQUEST RECEIVED 10/22/84	INSTITUTION CODE 11758	PENDING PROG. CODE	ACTUAL PROG. CODE
	<input checked="" type="checkbox"/> INDIVIDUAL LICENSEE <input type="checkbox"/> ORGANIZATIONAL LICENSEE				
SECONDARY PROGRAM CODES (As required)					
#1		#2	#3	#4	#5
LICENSE NUMBER 13-11758-01		DATE LICENSE ISSUED OR ACTION COMPLETED	EXPIRATION DATE		
APPLICANT'S COMMUNICATION DATED		CLASSIFICATION	ASSIGNED TO	RESULTING AMENDMENT NUMBER	

ENCLOSURES

UNCLASSIFIED DESCRIPTION

DISTRIBUTION

## OTHER REFERRALS

NAME	DATE	NAME	DATE
		done	
		B. Jackson	