

Ref:
Dep:

Date:
TLS Wgt:
DV:

08Jan10 SHIPPING:
0.1 LBS SPECIAL:
0.00 HANDLING:
0.00 TOTAL:
5.33

2010 INVOICE FOR KANSAS REGISTRATI

Sub: PRIORITY OVERNIGHT

TRCK: 9919 1468 6995

Paragraph 28-35-178b of Part 3 of the Kansas Radiation Protection Regulations established a general license authorizing the use of certain measuring, gauging and control devices. Subject to the provisions of subsection (a) and (b) of this regulation, a general license is hereby issued to acquire, possess, use and transfer radioactive material which is contained in any device designed, manufactured and used for one or more of the reasons stated in this regulation. TO REGISTER YOUR GENERALLY LICENSED DEVICES, COMPLETE AND RETURN THIS FORM, ALONG WITH THE FEE OF \$145.00 ON OR BEFORE MARCH 1, 2010, TO: KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT, BUREAU OF ENVIRONMENTAL HEALTH, RADIATION AND ASBESTOS CONTROL SECTION, 1000 SW JACKSON, STE 330, TOPEKA, KANSAS 66612-1365, Website: www.kdheks.gov/radiation

INVOICE - TO BE RETURNED WITH FEE

KANSAS GL REGISTRATION # GL-618

A. MAILING ADDRESS:

Ms. Mary Sutter
CLINICAL REFERENCE LABORATORY
8433 QUIVIRA RD
LENEXA KS 66215-

FACILITY ADDRESS:

CLINICAL REFERENCE LABORATORY
8433 QUIVIRA RD
LENEXA KS 66215-

Email Address: stoutr@crlcorp.com
Facility Phone #: (913)492-3652
Federal Tax ID (FEIN) #:

B. THIS REGISTRATION IS FOR (check all that apply):

- Annual Registration
- Change of address for the above facility and moved all GL devices to new address - Correct address above as appropriate
- Purchased the above facility and all GL devices - provide new owners name _____
- Sold the above facility and all GL devices - provide new owner's name and address _____
- Disposed, returned or transferred generally licensed devices (COMPLETE AND RETURN THE ENCLOSED GENERALLY LICENSED DEVICE STATUS FORM)

C. MARK THE TYPE OF GENERALLY LICENSED DEVICES POSSESSED BY THIS FACILITY (check all that apply):

- Gas Chromatograph
- Helium Ionization Detector
- Level/Density Gauge
- Liquid Scintillation System
- Medical In-Vitro Kit
- Static Eliminator
- X-ray Fluorescence Analyzer
- Other: Please specify _____

D. PROVIDE THE INFORMATION LISTED BELOW FOR EACH GENERALLY LICENSED DEVICE AT THIS FACILITY (USE ADDITIONAL SHEET IF NECESSARY) THE FEE DUE OF \$145.00 ON OR BEFORE MARCH 1, 2010 IS FOR THE FACILITY, NOT FOR EACH DEVICE

Manufacturer of Device VARIOUS manufacturers of RIA Kits

Date device received by this facility _____

Device Type (see Section C above) _____

Device Model # _____

Device Serial # _____

Source Model # _____

Source Serial # _____

Isotope (i.e. Cesium, Cobalt, Polonium, etc.) I 125 Activity <10 Units (i.e. curies, millicuries, etc.) uCi total

E. SIGNATURE OF PERSON DESIGNATED AS RESPONSIBLE FOR THE GENERALLY LICENSED DEVICE(S) AT THE ABOVE FACILITY

Robert L Stout
AUTHORIZED SIGNATURE

Robert L Stout
PRINT OR TYPE NAME

6 Jan 2010
DATE

stoutr@crlcorp.com
EMAIL ADDRESS

Fee Paid \$ _____
Check # _____
FOR KDHE USE ONLY