401365

MEMO ROUTE SLIP

Form AEC-93 (Rev. May 14, 1947) AECM 0240

☐ See me about this. ☐ Note and return ☐ For concur ☐ For signature ☐ For action. ☐ For information.

TO (Name and unit)	INITIALS	REMARKS
N. Barr W. Albers/G. Magin T. McCraw D. Bruner	DATE	
TO (Name and unit)	INITIALS	REMARKS
	DATE	
TO (Name and unit)	INITIALS	REMARKS
	DATE	

FROM (Name and unit)
W. W. Burr, Jr., M.D.
Deputy Director
BER

REMARKS

I would appreciate your comments on the attached draft. If possible, I would like to complete this memorandum today.

PHONE NO.	DATE
33153	9/3/76

USE OTHER SIDE FOR ADDITIONAL REMARKS

GPO : 1971 O - 445-469