

**REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS**

**INTEGRAL PET ASSOCIATES, LLC**  
 43 Leopard Road, Suite 200  
 Pott, PA 19301

**WILLOW GROVE, PA 19090**  
 2701 Blair Mill Road  
 Abington Memorial Hospital

**Abington, PA 19001**  
 1200 Old York Road  
 Abington Memorial Hospital

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 2701 Blair Mill Road  
 Abington Memorial Hospital

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 Abington Memorial Hospital

1. NAME OF LICENSEE (Print or firm providing the services described below)  
 INTEGRAL PET ASSOCIATES, LLC

2. ADDRESS OF LICENSEE (If the address is other than the address above, please provide the address of the facility where the activity will be conducted)  
 43 Leopard Road, Suite 200  
 Pott, PA 19301

3. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20  
 WELL LOGGING  
 PORTABLE GAUGES  
 OTHER (SPECIFY) ⇒ Mobile PET Service (scaled sources only)  
 LEAK TESTING AND/OR CALIBRATIONS  
 TELETHERAPY/RADIATOR SERVICE

4. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION  
 Abington Memorial Hospital  
 2701 Blair Mill Road  
 Willow Grove, PA 19090

5. CLIENT NAME, ADDRESS, COUNTY, STATE AND ZIP CODE  
 Abington Memorial Hospital  
 2701 Blair Mill Road  
 Willow Grove, PA 19090

6. LIST ADDITIONAL WORK SITES ON SEPARATE SHEETS (TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 3-6 ABOVE)  
 (1) 2701 Blair Mill Road, Willow Grove, PA 19090  
 (2) 2701 Blair Mill Road, Willow Grove, PA 19090  
 (3) 2701 Blair Mill Road, Willow Grove, PA 19090  
 (4) 2701 Blair Mill Road, Willow Grove, PA 19090

7. LICENSE CONTACT AND TITLE  
 Wendy Rouven  
 Vice President of Operations

8. TELEPHONE NUMBER  
 (610) 993-1640 x203 (610) 993-1651

9. LICENSE NUMBER  
 5058

10. SIGNATURE  
 Wendy Rouven, Vice President of Operations

11. DATE  
 8/22/02

12. TOTAL LICENSE - DATE TO DATE  
 5/22/02

13. HEALTH PHYSICIST  
 Steven R. Gurtman

14. DATE  
 8/22/02

15. SIGNATURE  
 Wendy Rouven, Vice President of Operations

16. DATE  
 8/22/02

17. SIGNATURE  
 Wendy Rouven, Vice President of Operations

18. DATE  
 8/22/02

TOTAL P.01

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NRC FORM 241 (7-1999)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0013 EXPIRES: 07/31/2002

Estimated burden per response to comply with this mandatory collection request: 15 minutes. This notification is required so that NRC may schedule inspection of the activities to ensure that they are conducted in accordance with requirements for protection of the public health and safety. Send comments regarding burden estimate to the Records Management Branch (T-8 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20556-0001, or by Internet e-mail to bje1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS

(Please read the instructions before completing this form)

1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) Integral PET Associates, LLC

2. TYPE OF REPORT [ ] INITIAL [ ] REVISION [X] CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located) Paoli Executive Green II 43 Leopard Road, Suite 200 Paoli, PA 19301

4. LICENSEE CONTACT AND TITLE Wendy Rowan Vice President of Operations

5. TELEPHONE NUMBER (Include Area Code) (610) 993-1640 x203 6. FACSIMILE NUMBER (Include Area Code) (610) 993-1651

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20 [ ] WELL LOGGING [ ] LEAK TESTING AND/OR CALIBRATIONS [ ] TELETHERAPY/IRRADIATOR SERVICE [ ] PORTABLE GAUGES [X] OTHER (Specify) => Mobile PET Service (sealed sources for equipment QC only) [ ] RADIOGRAPHY => REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

8. CLIENT NAME ADDRESS, CITY/COUNTY, STATE, ZIP CODE Doylestown Hospital 595 W. State Street Doylestown, PA 18901

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible.) RV trailer located directly behind Doylestown Hospital 595 W. State Street Doylestown, PA 18901

10. CLIENT TELEPHONE NUMBER (Include Area Code) (215) 345-2200 11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)

Table with 6 columns: 12. DATES SCHEDULED (FROM 8-26-02 TO 9-10-02), 13. NUMBER OF WORK DAYS (3), 14. ADD (3), 15. DELETE, 16. LOCATION REFERENCE NUMBER (000939)

17. LIST RADIOACTIVE MATERIAL, WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Include description of type and quantity of radioactive material, sealed sources, or devices to be used.) 1) Cs-137 vial Isotope Products Cat. No. SRV-137-250 U (Dose Calibrator QC) 2) Cs-137 rod Isotope Products Cat. No. SGF-0211 (Well Counter QC) 3) Co-57 vial Isotope Products Cat. No. SRV-057-SM (Dose Calibrator QC) 4) Cs-137 Model HEG-0096 ADAC/Isotope Products (PET Transmission Source) 5) Na-22 Model GF-0227 ADAC/Isotope Prod. (Camera QC)

18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 9 ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241.) LICENSE NUMBER 5058 STATE NY EXPIRATION DATE 2-29-2012

19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT) I, THE UNDERSIGNED, HEREBY CERTIFY THAT: a. All information in this report is true and complete. b. I have read and understand the provision of the general license 10 CFR 150.20 reprinted on the instructions of this form; and I understand that I am required to comply with these provisions as to all byproduct, source, or special nuclear material which I possess and use in non-agreement states or offshore waters under the general license for which this report is filed with the U.S. Nuclear Regulatory Commission. c. I understand that activities, including storage, conducted in non-agreement states under general license 10 CFR 150.20 are limited to a total of 180 days in calendar year. With the exception of work conducted in off-shore waters, which is authorized for an unlimited period of time in the calendar year. d. I understand that I may be inspected by NRC at the above listed work site locations and at the licensee home office address for activities performed in non-agreement states or offshore waters. e. I understand that conduct of any activities not described above, including conduct of activities on dates or locations different from those described above or without NRC authorization, may subject me to enforcement action, including civil or criminal penalties.

CERTIFYING OFFICER - RSO or Management Representative (Name and Title) Wendy Rowan, Vice President of Operations SIGNATURE Wendy A. Rowan DATE 8/22/02

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.

FOR NRC USE ONLY REVIEWING OFFICIAL (Typed/Printed Name and Title) Steven Courtenahe SIGNATURE Steven Courtenahe DATE 8/22/02 TOTAL USAGE - DAYS TO DATE 56

Handwritten signature/initials



Integral Nuclear Associates, LLC  
August 22, 2002

Mike Perkins  
Regional Administrator  
Division of Nuclear Material Safety  
ATTN: Reciprocity Request  
Nuclear Materials Safety Branch  
U.S. Nuclear Regulatory Commission, Region I  
475 Allendale Road  
King of Prussia, PA 19406-1415

VIA FACSIMILE 610-337-5393

**Re: Clarification to Reciprocity Request Under New York License Number 5058**

Dear Mr. Perkins,

We wish to clarify our reciprocity with the Nuclear Regulatory Commission under New York State Department of Health Radioactive Materials License Number 5058. Please see the attached Forms 241.

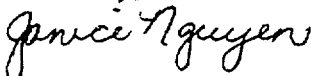
Our mobile PET facility will be used at 2701 Blair Mill Road, Willow Grove, PA 19090 on Monday, August 26, 2002. We have already established this site previously and currently have filed for every Wednesday until the end of the year. We would like to add this one day of use. The use of F-18 and the other sealed sources are covered under our Pennsylvania mobile PET license PA-0900, which we have already submitted.

We also wish to add following three days at 595 W. State Street, Doylestown, PA 18901: August 26, 2002, September 3, 2002, and September 10, 2002. This site has also already been established. Again, the use of F-18 and the other sealed sources are covered under our Pennsylvania mobile PET license PA-0900, which we have already submitted.

Once the reciprocity requests have been processed, could you please fax a copy to my attention at facsimile number (301) 682-5930 and an additional copy to Wendy Rowan at facsimile number (610) 993-1651.

If you have any further questions or need any additional information, please do not hesitate to notify me at (610) 993-1640, Ext. 208 or on my cell (301) 514-2092.

Sincerely,



Janice Nguyen  
Health Physicist