

Main Line Health
Paoli Hospital

RECEIVED
REGION 1

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Main Line Health
Bryn Mawr Hospital
Lankenau Hospital
Paoli Hospital
Bryn Mawr Rehab Hospital
Great Valley Health
The Home Care Network
Lankenau Institute for
Medical Research
Main Line Health Centers
Exton
Lawrence Park
Shannondell
Upper Providence
Main Line Health
Adult Day Services
Main Line
Clinical Laboratories
Wayne Center

November 9, 2004

Nuclear Regulatory Commission
Region 1
475 Allendale Road
King of Prussia, PA 19406

03011052

Dear Sir/Madam:

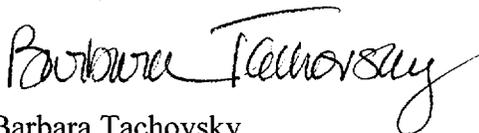
We would like to request an amendment to our materials license #37-16435-01.

Please add the following sealed source to our license. The source will be used as a component of a medical gamma camera system in our nuclear medicine department.

Source Type:	Transmission Line Source
Manufacturer:	Isotope Products Laboratories
Isotope:	Gd-153
Model Number:	NES 8412
Maximum activity:	600 mCi

If you have any questions, please contact Sebastiano Ricci at (610) 648-1083

Sincerely,


Barbara Tachovsky
President

135984

NMSS/RGNI MATERIALS-002

This is to acknowledge the receipt of your letter/application dated

11/9/2004, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 37-16435-01 There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 135984.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

BETWEEN: : (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 License Fee Management Branch, ARM : Program Code: 02120
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20120930
 : Fee Comments: _____
 : Decom Fin Assur Reqd: N
 : ::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
 Applicant/Licensee: PAOLI MEMORIAL HOSPITAL
 Received Date: 20041115
 Docket No: 3011052
 Control No.: 135984
 License No.: 37-16435-01
 Action Type: Amendment

2. FEE ATTACHED
 Amount: _____
 Check No.: _____

3. COMMENTS

Signed M. A. Barbano
 Date 11/16/2004

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /__/)

- 1. Fee Category and Amount: _____
- 2. Correct Fee Paid. Application may be processed for:
 - Amendment _____
 - Renewal _____
 - License _____
- 3. OTHER _____

Signed _____
 Date _____