

Main Line Health  
**Paoli Hospital**

RECEIVED  
REGION 1

'04 NOV 15 P1:37

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

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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 11/16/04

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 \_\_\_\_\_