

■ **SAINT BARNABAS**
■ **HEALTH CARE SYSTEM**

Saint Barnabas Ambulatory Care Center



RECEIVED
REGION 1

'04 DEC 10 P1:59

RONALD J. DEL MAURO
President and Chief Executive Officer

IMAGING CENTER
(973) 322-7850
Fax (973) 322-7851

December 9, 2004

United States Nuclear Regulatory Commission
Medical Licensing Section
475 Allendale Avenue
King of Prussia, PA 19406

03034442

RE: License number 29-01608-05

Gentlemen:

Please amend our radioactive materials license to increase the possession limits for our Gadolinium-153 sealed sources. Please change the limit to 900 millicuries. This change is necessary because we will be installing another gamma camera that uses these sources.

We would appreciate your cooperation in expediting this request.

Should you require any additional information, please contact Mr. Ira Garelick, our Radiation Safety Officer, at (973) 322-5256. Thank you for your cooperation in this matter.

Sincerely,

Alan Kass, M.D.
Executive Director

136098
NMSS/RGNI MATERIALS-002

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

12/9/2004, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 29-01608-05 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** 136098.
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:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02200
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20120831
: Fee Comments: _____
: Decom Fin Assur Req'd: N
: ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: ST. BARNABAS AMBULATORY CARE CENTER
Received Date: 20041210
Docket No: 3034442
Control No.: 136098
License No.: 29-01608-05
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: /

3. COMMENTS

Signed M. A. Perkins
Date 12/12/04

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 _____