

Herbert I. Hanna Center for Oncology Care
Indiana Regional Medical Center
850 Hospital Road Suite 1200
Indiana, PA 15701
Phone (724) 465-8900 Fax (724) 465-8924

December 17, 2004

Pam Henderson
U.S. Nuclear Regulatory Commission, Region I
Nuclear Materials Safety Branch
475 Allendale Road
King of Prussia, PA 19406-1415

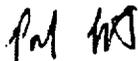
RE: Indiana Regional Medical Center
Hospital Road
P.O. Box 788
Indiana, PA 15701
License # 37-13666-01 Doc. # 030-03197

URGENT REQUEST

Dear Ms. Henderson,

This is an urgent request to allow the Indiana Regional Medical Center to use Oncoseed™ (6711) ¹²⁵I Scaled Sources manufactured by Amersham Health for licensed activities under 10 CFR 35.400. I apologize for making the urgent request but an authorized user has scheduled patients to be treated on Tuesday, December 21, 2004 and an order for seeds has been placed with Oncura. However, the order is on hold pending an authorization to allow the use of this particular seed model while a license amendment is prepared for review by your office. Please contact me as soon as possible at the center or by cell phone. My cell phone number is [REDACTED]

Respectfully,



Paul Castro, Ph.D. DABR
Authorized Medical Physicist
Center for Oncology Care at Indiana Regional Medical Center

**PERSONAL INFORMATION WAS REMOVED
BY NRC. NO COPY OF THIS INFORMATION
WAS RETAINED BY THE NRC.**

136149
NMSS/RGNI MATERIALS-032

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02230
: Status Code: 0
: Fee Category: 7C_2B
: Exp. Date: 20120731
: Fee Comments: _____
: Decom Fin Assur Reqd: N
:

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: INDIANA REGIONAL MEDICAL CENTER
Received Date: 20041217
Docket No: 3003197
Control No.: 136149
License No.: 37-13666-01
Action Type: Amendment

2. FEE ATTACHED

Amount:
Check No.:

3. COMMENTS

Signed M. A. Perkins
Date 12/17/2004

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 _____