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December 5, 2004

License Assistance Section
 Nuclear Medicine Safety Branch
 Division of Radiation Safety & Safeguards
 U.S. Nuclear Regulatory Commission, Region I
 475 Allendale Road
 King of Prussia, PA 19406-1415

RECEIVED
 REGION I
 04 DEC 27 P 2:43

RE: Amendment Request
 PET Institute of New Jersey
 License Number: 29-30692-01

03035864

Dear License Reviewer:

Please amend our byproduct material license to name Diane Connors, M.D. as the radiation safety officer. Dr. Connors will replace Salvatore Vitale, M.D. in this capacity. Dr. Vitale will remain on our license as an authorized user. In regards to Dr. Connors, she is currently listed (on our license) as an authorized user. Please refer to this document to reference specific authorizations.

If you require additional information, please contact Michael W. Lairmore or myself. Mr. Lairmore may be reached at (201) 447-3303.

We thank you in advance for your assistance with this licensing action.

Sincerely,

Jason DeSalvo
 President
 Strategic Outpatient Services

136206

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

12/5/2004, and to inform you that the initial processing which includes an administrative review has been performed.

APPL. 29-30692-01 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** 136206.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 03124
: Status Code: 0
: Fee Category: 3P
: Exp. Date: 20111231
: Fee Comments: _____
: Decom Fin Assur Reqd: N

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LICENSE FEE TRANSMITTAL

A. REGION

I

1. APPLICATION ATTACHED

Applicant/Licensee: BRICK PET PARTNERS
Received Date: 20041227
Docket No: 3035864
Control No.: 136206
License No.: 29-30692-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed *M. A. Perkins*
Date *12/28/04*

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 _____