

Odyssey Imaging "The Future Of Healthcare"
P.O. Box 4393
Roanoke, VA 24015

RECEIVED
REGION 1

'05 JAN -3 P12 :49

December 30,2004

USNRC Region I
Materials Licensing Section
Mr. Bryan Parker
475 Allandale Rd
King of Prussia, PA 19406

03035377

RE: License # 45-25516-01

Dear Mr. Parker:

I am writing to inform you that the Nuclear Medicine Lab previously located at 1935 W Main St, Salem, VA has been moved to Primary Care Associates, PC 1955 W. Main St, Salem, VA as stated in our last amendment change to you. The old area has been surveyed and wipe tested. All equipment, radioactive materials and records are now relocated to the new area. All other conditions remain the same.

Please find below the final surveys and wipe tests for the old area. You may wish to delete the old address from your records.

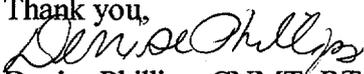
Decommissioned camera room and hot lab 11/18/2004

	Surveys	Wipes
Hot lab dose prep counter	0.03 mr/hr	118cpm
Hot lab dose prep floor	0.03 mr/hr	65cpm
Waste storage	0.03 mr/hr	109cpm
Camera Area Floor	0.03mr/hr	84cpm
Processing Area	0.03mr/hr	133cpm
Injection Area	0.03mr/hr	112cpm
Treadmill	0.03mr/hr	139cpm
Background	0.03mr/hr	118cpm

Survey Meter Used—Ludlum model 14C serial #201570, Cal date 1/24/2004

Scaler Ratemeter Used—Ludlum Model 220, Serial #198605, Cal date 1/09/2004

If you have any questions or concerns please do not hesitate to call me at my office located at Carilion Cardiology (276) 656-4050 or cell (540) 798-3732.

Thank you,

Denise Phillips, CNMT, RT®
Chief Technologist
Odyssey Imaging

136230

NMSS/RGNI MATERIALS-002

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

12/30/2006, and to inform you that the initial processing which includes an administrative review has been performed.

- ~~AMEND.~~ 45-25516-01 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 136230.
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: 02201
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20100731
: Fee Comments: _____
: Decom Fin Assur Req'd: N
: ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: ODYSSEY IMAGING, LLC
Received Date: 20050103
Docket No: 3035377
Control No.: 136230
License No.: 45-25516-01
Action Type: Amendment

2. FEE ATTACHED

Amount:
Check No.:

3. COMMENTS

Signed M. A. Perkins
Date 1/14/05

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 _____