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REGION 1

'05 JAN -5 PM 12:29

January 3, 2005.

U. S. Nuclear Regulatory Commission, Region I
475 Allendale Road
King of Prussia, PA 19406-1415

Re: Materials License Number 06-05686-02
Amendment Request

03001257

Dear Sir / Madam:

We request an amendment to our License, Number 06-05686-02, to include a new radioactive seed vendor to our existing list in Item 7, (Chemical or Physical Form), Section D., materials permitted by 10 CFR 35.400.

Manufacturer: Best Medical International
Model: 2301 and 2335
NRC Registry: NR-187-S-103-S

As an alternative, would it be possible to have this section of the license amended to read "Any seed model listed in the NRC registry of radioactive sources", to avoid future amendment requests when negotiating with other vendors.

If questions arise regarding this request or if further information is required, please contact the physicist, Christopher James at (203) 694-8017 or by e-mail at Cjames@MidStateMedical.org.

Lucille Janatka
President and C.E.O.

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

1/3/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amend. 06-05686-02
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** 136248.
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: 20121031
: Fee Comments: CODE 23
: Decom Fin Assur Reqd: N
: ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: MIDSTATE MEDICAL CENTER
Received Date: 20050105
Docket No: 3001257
Control No.: 136248
License No.: 06-05686-02
Action Type: Amendment

2. FEE ATTACHED

Amount: /
Check No.: /

3. COMMENTS

Signed M. A. Perkins
Date 4/7/2005

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 _____