



Deborah
Heart and Lung
Center

Browns Mills, NJ 08015-1799
609/893-6611

RECEIVED
REGION 1

'05 JAN -7 A10:13

US Nuclear Regulatory Commission
Medical Licensing Section
Region I
474 Allendale Road
King of Prussia, PA 19406

03014634

January 6, 2005

RE: License Number 29-18190-01

Dear Sir/Madam:

This letter is sent to request the following amendment to our radioactive materials license, number noted 29-18190-01.

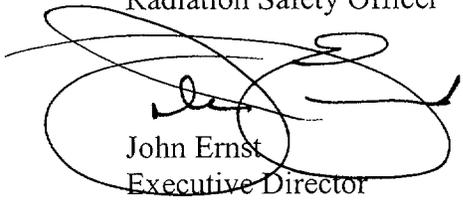
We would like to increase our byproduct material permitted by 10 CFR 35.300 to a maximum amount of 200 millicuries.

If you have any questions please contact our Radiation Safety Officer at 609-735-2921, or please e-mail her at LaudermanR@Deborah.org. Thank you for your prompt attention to this matter.

Sincerely,

 Rita M. Lauderman, CNMT, RSO.

Rita M. Lauderman, CNMT
Technical Director, Nuclear Medicine
Radiation Safety Officer


John Ernst
Executive Director

136254
RADIOACTIVE MATERIALS-002

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

11/6/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amend - 29-18190-01
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** 136254.
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: 02120
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20050930
: Fee Comments: _____
: Decom Fin Assur Req: N
: ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: DEBORAH HEART & LUNG CENTER
Received Date: 20050107
Docket No: 3014634
Control No.: 136254
License No.: 29-18190-01
Action Type: Amendment

2. FEE ATTACHED

Amount: /
Check No.: /

3. COMMENTS

Signed Rebecca Jund
Date 11/2/05

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 _____