GE Healthcare

Michael J. Rossi, R.Ph., BCNP
Pharmacy Manager

RECEIVED
REGION 1

'05 FEB -4 P12 :42

February 2, 2005

Steven Courtemanche
Nuclear Materials Safety Branch 1
Division of Nuclear Materials Safety
US Nuclear Regulatory Commission, Region I
King of Prussia, PA 19406

RE: Radioactive Material License 030-35956 37-30724-01MD

Dear Mr. Courtemanche:

Please allow this letter to serve as notice that Medi-Physics, Inc., dba GE Healthcare wishes to make the following change to the above referenced license:

1. Change the name of the RSO in Condition 11 to Kevin Colo, R.Ph. Mr. Colo is listed as an authorized user on the referenced Radioactive Materials License.

Should you have any additional questions or are in need of additional information, please feel free to contact me at 570.824.4432 Extension 4.

Sincerely,

Michael Rossi, R.Ph., BCNP
Pharmacy Manager

General Electric Company
1067 Hanover Street
Wilkes Barre, PA 18706
U.S.A.

T 570 824 4432
F 570 824 7350
E michael.rossi@amersham.com

136432
NMSS/RGNI MATERIALS-002

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

2/2/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amend

☒ 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** 136432.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (RI)
(6-96)

Sincerely,
Licensing Assistance Team Leader

	:	(FOR LFMS USE)
	:	INFORMATION FROM LTS
BETWEEN:	:	----------
	:	
License Fee Management Branch, ARM	:	Program Code: 02500
and	:	Status Code: 0
Regional Licensing Sections	:	Fee Category: 3C EX 2B
	:	Exp. Date: 20120531
	:	Fee Comments: _____
	:	Decom Fin Assur Reqd: N
	::	

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
   Applicant/Licensee: MEDI-PHYSICS, INC.
   Received Date: 20050204
   Docket No: 3035956
   Control No.: 136432
   License No.: 37-30724-01MD
   Action Type: Amendment

2. FEE ATTACHED
   Amount: /
   Check No.: _____

3. COMMENTS

Signed Rebecca Jenneck
Date 2/8/2005

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 _____