



RECEIVED
REGION 1

'05 FEB 10 P1:50

U.S.N.R.C.
Region I
Medical Licensing Section
Nuclear Materials Safety Branch
Division of Radiation Safety and Safeguards
475 Allendale Road
King of Prussia, PA 19406

February 8, 2005

Dear license reviewer,

Please be advised of the following changes to the list of authorized users on N.R.C. Radioactive Material license #37-02385-02 belonging to Carlisle Regional Medical Center, 246 Parker Street, Carlisle, PA. 03003018

Remove Charles K. Loh, M.D. as an authorized user.

If you have any questions, please contact our consultant physicist, Jack Olley at 717-291-9813.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Bierman', with a long horizontal flourish extending to the right.

Ronald L. Bierman
CEO/Executive Director

136457
NMSS/RGNI MATERIALS-002

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

2/8/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amrad 37-02385-02 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** 136457.
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: 20050930
 : Fee Comments: _____
 : Decom Fin Assur Reqd: N
 : ::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
 Applicant/Licensee: CARLISLE REGIONAL MEDICAL CENTER
 Received Date: 20050210
 Docket No: 3003018
 Control No.: 136457
 License No.: 37-02385-02
 Action Type: Amendment

2. FEE ATTACHED
 Amount:
 Check No.:

3. COMMENTS

Signed Rebecca J. J. J.
 Date 2/15/05

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 _____