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February 18, 2005

Materials Licensing

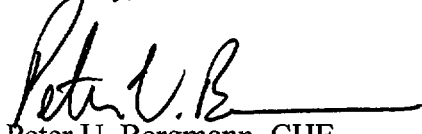
Nuclear Materials Safety Branch
U.S. Nuclear Regulatory Commission – Region I
475 Allendale Rd.
King of Prussia, PA 19406-1415

Dear License Reviewer,

03009176

Please amend out byproduct materials license 37-15480-01 to delete authorized use of 10 CFR 35.300 and 10 CFR 35.400 materials. Please also delete David Moylan, M.D. as authorized user. We wish to eliminate our brachytherapy and unsealed source therapy programs in their entirety. This request is effective immediately.

Sincerely,



Peter U. Bergmann, CHE
President/CEO
Good Samaritan Regional Medical Center

136534
NMSS/RGNI MATERIALS-002

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

2/19/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 37-15486-01 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** 136534.
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: 20050731
 : Fee Comments: CODE 21
 : Decom Fin Assur Reqd: N
 :

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: GOOD SAMARITAN REGIONAL MED. CENTER
 Received Date: 20050223
 Docket No: 3009176
 Control No.: 136534
 License No.: 37-15480-01
 Action Type: Amendment

2. FEE ATTACHED

Amount: /
 Check No.: /

3. COMMENTS

Signed Rebecca J. Ford
 Date 3/3/2005

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 _____