

RECEIVED  
REGION 1

February 2, 2005

'05 FEB 14 P12:55

Penny Lanzisera, Senior Health Physicist  
Medical Branch  
United States Nuclear Regulatory Commission  
Region 1  
475 Allendale Road  
King of Prussia, PA 19406-1415



Dear Ms. Lanzisera:

45-00986-01

03063302

This letter is intended to document a situation which occurred at our facility involving radioactive material, specifically prostate seeds. While we believe that all of our actions were appropriate and in compliance with NRC regulations, we feel it is important to document the incident so that future inspections can be done more efficiently.

The incident occurred when a pathologist who had privileges to use our pathology department brought in a prostate gland from an outside autopsy. The pathologist began sectioning the prostate and had prepared several slides when he found what he suspected were radioactive seeds. He stopped all work and immediately contacted the radiation therapy department for assistance. Personnel from the radiation therapy department responded immediately and subsequent radiation level and removable contamination surveys showed that there was no radioactive material outside the prostate. All seeds were intact and the prostate was sealed in a double walled container and placed in our secure long-term radioactive waste storage area.

The pathologist was able to determine that the patient received a radioactive seed implant approximately 1 ½ years ago, possibly in Fairfax, Virginia. Since the seeds were not implanted here, an attempt was made to locate the facility of origin but the pathologist, working through the patient's family, was unable to obtain this information after multiple attempts.

We have reviewed our procedures for handling this situation, and have made sure that our pathology department is aware of what occurred. We are planning to store the prostate gland and seeds until the radiation levels are indiscernible from background levels. We will then dispose of the prostate gland in our normal biohazardous waste stream. We believe our actions and procedures were appropriate and kept radiation exposure as low as reasonably achievable.

Please contact us if you have questions or comments at (757) 889-5251.

Sincerely,

Robert T. Mariano, M.D.  
Radiation Safety Officer  
DePaul Medical Center

136477  
MISS/RGN 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.

Notification 45-00986-01  
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

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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 136477.  
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: 02230  
 and : Status Code: 2  
 Regional Licensing Sections : Fee Category: 7C 2B  
 : Exp. Date: 20040731  
 : Fee Comments: CODE 21  
 : Decom Fin Assur Reqd: N  
 : .....

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED  
 Applicant/Licensee: BON SECOURS-DEPAUL MEDICAL CENTER  
 Received Date: 20050214  
 Docket No: 3003302  
 Control No.: 136477  
 License No.: 45-00986-01  
 Action Type: Notifications

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

3. COMMENTS  
 Signed           *Libera Jurd*            
 Date           2/17/2005          

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 \_\_\_\_\_