



K-8

February 28, 2005

U.S. Nuclear Regulatory Commission  
Region I  
475 Allendale Road  
King of Prussia, PA 19406

Attention: Nuclear Material Licensing Assistance Team

RE: Amendment request for NRC License No. 37-01548-01 *03002987*  
(Lehigh Valley Hospital, 1200 South Cedar Crest Blvd, Allentown, PA)

Please amend our radioactive materials license No. 37-01548-01 to reflect Lehigh Valley Diagnostic Imaging (LVDI), Suite 104, 1230 South Cedar Crest (Allentown, PA) as an additional place of authorized use. Note that 1230 South Cedar Crest is contiguous with Lehigh Valley Hospital (1200 South Cedar Crest).

Clinical use of radisotopes at that address will be limited to PET (i.e., accelerator-produced) imaging products with the exception of a Cs-137 dose calibrator reference source of with a certified activity of approximately 200 microcuries.

Please contact us at 610.402.8386 if you have any questions concerning this request.

Sincerely,

Mark Holtz, Senior Vice President

05 MAR -2 8PM '05

RECEIVED  
REGION I



*136591*  
NMSS/RGNI MATERIALS-002

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

2/28/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 37-01548-01  
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 136591.  
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 3E 1D  
 : Exp. Date: 20041130  
 : Fee Comments: 1D IS STORAGE ONLY  
 : Decom Fin Assur Req'd: N  
 : ::

LICENSE FEE TRANSMITTAL

A. REGION 1

1. APPLICATION ATTACHED  
 Applicant/Licensee: LEHIGH VALLEY HOSPITAL  
 Received Date: 20050302  
 Docket No: 3002987  
 Control No.: 136591  
 License No.: 37-01548-01  
 Action Type: Amendment

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

3. COMMENTS  
 Signed           *Melita J. Ford*            
 Date           3/11/2005          

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 \_\_\_\_\_