

Doylestown Hospital
595 West State Street • Doylestown, PA 18901 • 215-345-2200

RECEIVED
REGION 1

'05 FEB 17 P1:41

February 10, 2005

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

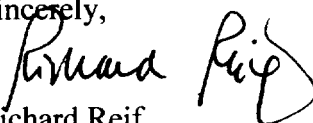
NRC License No. 37-13232-01 03003186

Dear Sir/Madam:

We wish to amend our license to include **William R. Rate, M.D.** as an authorized user of any byproduct material permitted by **10 CFR 35.400**. Dr. Rate was recently an approved user under the broad scope license issued to Methodist Hospital, Indianapolis, IN (see enclosure).

Also, in our most recent amendment – number 36, dated October 4, 2004 – license conditions 15 and 16 discuss the intravascular brachytherapy device which we no longer possess. This amendment was issued as a result of us reporting that we terminated intravascular brachytherapy and returned the treatment unit. Please review.

Sincerely,


Richard Reif
Chief Executive Officer

Enclosure

136506
NMSS/RGNI MATERIALS-002



Methodist Hospital
Department of Radiology
I-65 at 21st Street
P.O. Box 1367
Indianapolis, IN 46206-1367
(317) 962-3572

July 15, 2004

To: Radiation Oncology
Grandview Hospital

As requested, I am writing to confirm that William Rate, M.D. was approved by our Radiation Safety Committee as an authorized user for the following radionuclides and uses under our broad scope byproduct materials license No. 13-02063-01 (Methodist Hospital):

<u>Authorized Radionuclides</u>	<u>Maximum Activity</u>	<u>Chemical/Physical Form</u>
Any byproduct material identified in 10 CFR 35.400	As needed	Any form identified in 10 CFR 35.400
Any byproduct material identified in 10 CFR 35.600	As needed	Any form identified in 10 CFR 35.600

Since License No. 13-02063-01 is a broad scope license, the authorized users are not specifically listed on the license. However, Dr. Rate was approved as an authorized user based on the same training and experience requirements specified by the Nuclear Regulatory Commission.

If you need any further information, please let me know.

Sincerely,

Robert T. Anger, Jr., M.S., M.P.H., DABR, FACR
Medical Nuclear Physicist/Radiation Safety Officer

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

11/10/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 37-13232-01 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 136506.
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: 02240
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20111231
 : Fee Comments: CODE 23
 : Decom Fin Assur Reqd: N
 :

LICENSE FEE TRANSMITTAL

A. REGION ↓

1. APPLICATION ATTACHED
 Applicant/Licensee: DOYLESTOWN HOSPITAL
 Received Date: 20050217
 Docket No: 3003186
 Control No.: 136506
 License No.: 37-13232-01
 Action Type: Amendment

2. FEE ATTACHED
 Amount: /
 Check No.:

3. COMMENTS

Signed *Robert J. Ford*
 Date 2/25/05

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 _____