

RECEIVED
REGION 1

 **Abington Memorial Hospital**

1200 Old York Rd., Abington, PA 19001-3788

'05 FEB 24 P12 :47

Department of Radiology
(215) 481-2057

February 22, 2005

Miss Pamela Henderson, Chief
Nuclear Material Safety Brnch-1
Division of Nuclear Material Safety
US Nuclear Regulatory Commission
Region 1
475 Allendale Road
King of Prussia, PA 19406-1415

RE: New Authorized User

Dear Ms. Henderson:

03002948

We would like to amend our NRC License: 37-00432-02 to authorize Jerome G. Jacobstein, M.D. to use radionuclides and perform the procedures listed under 10 CFR Part 35. 100, 35.200, 35.300 and 35.500. Dr. Jacobstein had been in Nuclear Medicine since 1973 and is Board Certified in Nuclear Medicine. Dr. Jacobstein had worked as a Director of Nuclear Medicine Department at Graduate Hospital under NRC License # 37-28359-01.

Thank you very much for expediting this request.

Sincerely;



Miss. Margaret McGoldrick
Executive Vice-President

136552
NMSS/RGNI MATERIALS-002

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

2/22/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 37-00432-02 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** 136552.
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: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20110531
 : Fee Comments: _____
 : Decom Fin Assur Reqd: N
 :

LICENSE FEE TRANSMITTAL

A. REGION 1

1. APPLICATION ATTACHED
 Applicant/Licensee: ABINGTON MEMORIAL HOSPITAL
 Received Date: 20050224
 Docket No: 3002948
 Control No.: 136552
 License No.: 37-00432-02
 Action Type: Amendment

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

3. COMMENTS

Signed Rebecca J. J. J.
 Date 3/7/2005

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 _____