



Lancaster General Hospital

RECEIVED
REGION I

'05 FEB 24 10:51

February 16, 2005

U.S. Nuclear Materials Safety Branch I
U.S. Nuclear Regulatory Commission, Region I
475 Allendale Road
King of Prussia, Pennsylvania 19406

RE: License # 37-11866-01 03003151

To Whom It May Concern:

Lancaster General Hospital would like to request amendment to the above-noted materials license for the following:

We would like to add John Briguglio, M.D. as an authorized user for the following materials and uses:

Any byproduct material in 35.200 for the purpose of any imaging or localization procedure permitted by this section.

As evidence of Dr. Briguglio's credentials in meeting the requirements of 35.290 and 35.920, the following document is submitted:

ATTACHMENT 1 of 1: Copy of Dr. Briguglio's certification from the American Board of Radiology, with a noted specialty in Diagnostic Radiology. Note that this was obtained within 7 years prior to this date (35.59).

Thank you for your attention to this matter. If you have any questions, please direct them to our Radiation Safety Officer, Mr. Anthony Montagnese, at 717-544-4384.

Sincerely,

Kathleen Harrison, Vice President

attachments

136554
NMSS/RGNI MATERIALS-002

Kathleen L. Harrison, Vice President - Operations

Lancaster General Hospital • 555 North Duke Street • P.O. Box 3555 • Lancaster, PA, 17604-3555
(717) 544-5862 • Fax (717) 291-9657 • KLHarris@LancasterGeneral.org • www.LancasterGeneral.org

The American Board of Radiology

*Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology, the Association of
University Radiologists, and American Association of Physicists in Medicine*
Hereby certifies that

John Briguglio, MD

*Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of
The American Board of Radiology*

*On this nineteenth day of May, 1999
Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of*

Diagnostic Radiology



Walter J. Smith
President

William J. ...
Secretary-Treasurer

M. Paul Capp, M.D.
Executive Director



Certificate No. 44598

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

2/16/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 37-11866-01 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** 136554.
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 2B
 : Exp. Date: 20111031
 : Fee Comments: _____
 : Decom Fin Assur Req'd: N
 : ::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
 Applicant/Licensee: LANCASTER GENERAL HOSPITAL
 Received Date: 20050224
 Docket No: 3003151
 Control No.: 136554
 License No.: 37-11866-01
 Action Type: Amendment

2. FEE ATTACHED
 Amount: /
 Check No.:

3. COMMENTS
 Signed Rebecca J. Ford
 Date 3/7/05

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 _____