



# EASTON HOSPITAL QUALITY CARE. RIGHT HERE.

Materials Licensing

2-18-05

Nuclear Materials Safety Branch  
U.S. Nuclear Regulatory Commission – Region I  
475 Allendale Rd.  
King of Prussia, PA 19406-1415

Dear License Reviewer,

03003119

Please amend our byproduct materials license 37-09938-01 to delete Dr. Newman as authorized user. Please also add Dean Anthony Tyrell, D.O. as an authorized user of 10 CFR 35.100, 200 materials on our license.

Sincerely,

Cornelio R. Catena  
President & C.E.O.  
Easton Hospital

05 FEB 25 P 1:28

RECEIVED  
REGION I

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

2/19/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 37-09938-01 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 136560.  
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: 02120  
 and : Status Code: 0  
 Regional Licensing Sections : Fee Category: 7C  
 : Exp. Date: 20110630  
 : Fee Comments: \_\_\_\_\_  
 : Decom Fin Assur Reqd: N  
 : ::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED  
 Applicant/Licensee: NORTHAMPTON HOSPITAL CORP.  
 Received Date: 20050225  
 Docket No: 3003119  
 Control No.: 136560  
 License No.: 37-09938-01  
 Action Type: Amendment

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

3. COMMENTS

Signed           *Rebecca J. Ford*            
 Date           3/17/2005          

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 \_\_\_\_\_