

Graduate Hospital



One Graduate Plaza
1800 Lombard Street
Philadelphia, PA 19146
tel: 215.893.2501
fax: 215.893.2302

RECEIVED
REGION 1

'05 MAR 17 P1:12

Brian Finestein
Chief Executive Officer

J-1

March 9, 2005

Michelle Beardsley
Licensing Assistance Section
Nuclear Medicine Safety Branch
Division of Radiation Safety and Safeguards
US Regulatory Commission
Region 1
475 Allendale Road
King of Prussia, PA 19406-1415

37-28359-01

03031046

Dear Ms. Beardsley:

It is my understanding that the License at Graduate Hospital encompasses both the nuclear cameras that reside in the Imaging Department and in the Atrium Suite.

I am requesting that the License be amended releasing the suite from Graduate's license and onto the license of Cardiology Consultants of Philadelphia. Cardiology Consultants of Philadelphia has purchased a nuclear camera for use in their suite to perform nuclear cardiology studies. This camera is separate and distinct from the nuclear camera within the Imaging Department. Cardiology Consultants of Philadelphia will maintain full responsibility for this section and the patients that they see.

Please let me know if your require additional information.

Sincerely,

Brian L. Finestein
Chief Executive Officer

136548
NMSS/RGNI MATERIALS-002

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

3/1/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 37-28359-01 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** 136598.
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: 20150131
 : Fee Comments: _____
 : Decom Fin Assur Reqd: N
 :

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: TENET HEALTH SYSTEM GRADUATE, LLC
 Received Date: 20050302
 Docket No: 3031046
 Control No.: 136598
 License No.: 37-28359-01
 Action Type: Amendment

2. FEE ATTACHED

Amount: _____
 Check No.: _____

3. COMMENTS

Signed *Alvina 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 _____