

Main Line Health  
**Lankenau Hospital**

37-07905-04  
03003098

Gail A. Egan  
President

Main Line Health  
Bryn Mawr Hospital  
Lankenau Hospital  
Paoli Hospital  
Bryn Mawr Rehab Hospital  
Great Valley Health  
Jefferson Health System  
Ambulance  
The Home Care Network  
Lankenau Institute for  
Medical Research  
Main Line Health Centers  
Exton  
Lawrence Park  
Shannondell  
Upper Providence  
Main Line Health  
Adult Day Services  
Main Line  
Clinical Laboratories  
Wayne Center

February 28, 2005

United States Nuclear Regulatory Commission  
Nuclear Materials Safety Branch 1  
Division of Nuclear Safety  
Region 1  
King of Prussia, PA 19406

Dear Gentlemen:

The Lankenau Hospital and Lankenau Institute for Medical Research would like to remove the following authorized users from license number 37-07905-04:

- Thomas G. Gabuzda, Ph.D.
- Dan Rosson, Ph.D.
- Christian Sell, Ph.D.

Thank you for your attention to this matter.

Sincerely,



Gail A. Egan

cc: Bob Ziegler  
Charles L. Skutches, Ph.D.

RECEIVED  
REGISTRATION 1  
05 MAR 10 P 1:08

136652

**NMSS/RGNI MATERIALS-002**

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

2/28/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 37-07905-04 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

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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 B6658.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.

: (FOR LFMS USE)  
 : INFORMATION FROM LTS  
 : -----  
 :  
 :  
 BETWEEN: :  
 License Fee Management Branch, ARM : Program Code: 02230  
 and : Status Code: 0  
 Regional Licensing Sections : Fee Category: 7C  
 : Exp. Date: 20110531  
 : Fee Comments: CODE 23  
 : Decom Fin Assur Reqd: N  
 : :::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED  
 Applicant/Licensee: LANKENAU HOSP. & LANKENAU INSTITUTE  
 Received Date: 20050310  
 Docket No: 3003098  
 Control No.: 136658  
 License No.: 37-07905-04  
 Action Type: Amendment

2. FEE ATTACHED  
 Amount: \_\_\_\_\_  
 Check No.: \_\_\_\_\_

3. COMMENTS  
 Signed *Rebecca 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 \_\_\_\_\_