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Affiliated with the  
University of Medicine and  
Dentistry of New Jersey

Member of the  
University Health System  
of New Jersey

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March 31, 2005

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

03002452

Reference: License Number 29-02641-03, Letter Dated January 18, 2005

05 APR -8 710:59

RECEIVED  
REGION I

To Whom It May Concern:

In a previous letter dated January 18, 2005 our facility requested the temporary use of Room 8 in the Main Radiology area to use for cardiac stress tests. Our facility would like to amend this request to the use of Ultrasound Room 1704 instead of Room 8 in Main Radiology.

The Ultrasound Room 1704 area is adjacent to the Nuclear Medicine Department and would be subject to all license conditions and regulations as required by the Nuclear Regulatory Commission. The original treadmill area will not be released for construction until a decommissioning survey is performed and approved by the Nuclear Regulatory Commission.

If you have any questions regarding this you can reach me at (201) 996-2548.

Sincerely yours,

Eric Weiss, M.S., D.A.B.R.  
Radiation Safety Officer  
Director of Diagnostic Physics  
Department of Radiology

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

3/31/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment 29-02641-03 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** 136797.  
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: 20051231  
 : Fee Comments: \_\_\_\_\_  
 : Decom Fin Assur Req'd: N  
 : ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED  
Applicant/Licensee: HACKENSACK MEDICAL CENTER  
Received Date: 20050331  
Docket No: 3002452  
Control No.: 136797  
License No.: 29-02641-03  
Action Type: Amendment

2. FEE ATTACHED

Amount: /  
Check No.: \_\_\_\_\_

3. COMMENTS

Signed Rebecca J. J. J.  
Date 4/13/2005

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 \_\_\_\_\_