

PECEIVED FGION 1

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March 14, 2005

Region I Nuclear Material Section B 475 Allendale Road King of Prussia, PA 19406

Re: Notification

License No. 37-15068-01 Docket No. 030-08522 Riddle Memorial Hospital

To Whom It May Concern:

Please amend the above referenced license to add Dilip Kapadia, M.D. as an authorized user of radioactive material/procedures listed in 10 CFR 35.100, 35.200. Supporting documentation has been enclosed.

Any questions regarding the above matter should be directed to Malek Daneshvar, consultant, Krueger Gilbert Health Physics, Inc. at 410-665-5447.

Sincerely,

Hospital Administrator

Enclosure: as stated

/36 760 NM3S/RGNI MATERIALS-002

The American Board of Nuclear Medicine

Organized with the cooperation of the American Board of Internal Medicine, American Board of Pathology, American Board of Radoiology and the Society of Nuclear Medicine hereby certifies that

Dilip Kapadia

has met the requirements of this Board and is certified as qualified to practice as a specialist in all aspects of clinical and laboratory

Nuclear Medicine

including but not limited to Radiobioassay, Nuclear Imaging, in Vivo Measurements & Therapy with unsealed Radionuclides.

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	receipt of your letter/application dated, and to inform you that the initial processing which review has been performed.
There were no administra	ファー 1506を一つ ative omissions. Your application was assigned to a se note that the technical review may identify additional ditional information.
Please provide to this off	fice within 30 days of your receipt of this card
	een forwarded to our License Fee & Accounts Receivable u separately if there is a fee issue involved.
Your action has been assign When calling to inquire above You may call us on (610) 33	ut this action, please refer to this control number.
NRC FORM 532 (RI) (6-96)	Sincerely, Licensing Assistance Team Leader

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		: (FOR LFMS USE)
BET	WEEN:	: INFORMATION FROM LTS :
	ense Fee Management Branch, ARM and ional Licensing Sections	: Program Code: 02120 Status Code: 0 Fee Category: 7C Exp. Date: 20131031 Fee Comments: CODE 23 Decom Fin Assur Reqd: N
LIC	ENSE FEE TRANSMITTAL	
Α.	REGION I	
1.	APPLICATION ATTACHED Applicant/Licensee: RIDDLE MEMORIAI Received Date: 20050324 Docket No: 3008522 Control No.: 136760 License No.: 37-15068-01 Action Type: Amendment	L HOSPITAL
2.	FEE ATTACHED Amount: Check No.:	
3.	COMMENTS Signed Date	Ma Berlin
в.	LICENSE FEE MANAGEMENT BRANCH (Check	
1.	Fee Category and Amount:	
2.	Correct Fee Paid. Application may be Amendment Renewal License	pe processed for:
3.	OTHER	
	Signed _ Date _	