

# Centra Health

3300 Rivermont Avenue  
Lynchburg, VA 24503-2053  
(804) 947-4000

RECEIVED  
REGION 1

'05 MAR 24 P12:47

March 18, 2005

U.S. NRC Region 1  
475 Allendale Road  
King of Prussia, PA 19406-1415  
Attention: Sheryl Villar

**RE: Deletion of Intravascular Brachytherapy Program for Radioactive  
Materials License No. 45-02207-01**

03003309

Dear Ms. Villar:

We would like to advise you of the deletion of the cardiac brachytherapy program using the Novoste Beta-Cath System (Sealed Source & Device Registration Certificate GA-1115-D-101-S, Model A1732) from our NRC license #45-02207-01. All active sources, housed in the Cardiac Nuclear Medicine hot lab, were returned to Novoste Corporation on March 10, 2005. The active Sr-90 sources were packaged in accordance with DOT Specification 7A for shipping containers and were assembled according to the manufacturer's instructions. Dose rate and removable contamination measurements were performed. The barrels containing the active sources were labeled and shipping papers were completed in accordance with the manufacturer's instructions.

Any questions regarding this change to our radioactive material medical use program may be directed to Brian Hames, Radiation Safety Officer, at (434) 947-4010. Thank you in advance for your attention to this matter.

Sincerely,



Brian Hames, M.S.  
Radiation Safety Officer

136759  
NMSS/RGNI MATERIALS-002

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

3/18/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ APPROVED. 45-02207-01 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** 136759.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

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: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02240
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20060131
: Fee Comments: CODE 23 CAL. OWN
: Decom Fin Assur Req'd: N
:
: .....
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### A. REGION

Applicant/Licensee: CENTRA HEALTH CORPORATION  
Received Date: 20050324  
Docket No: 3003309  
Control No.: 136759  
License No.: 45-02207-01  
Action Type: Amendment

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

Signed M. A. Perkins  
Date 4/4/2005

1. Fee Category and Amount: \_\_\_\_\_

2. Correct Fee Paid. Application may be processed for:

Amendment \_\_\_\_\_  
Renewal \_\_\_\_\_  
License \_\_\_\_\_

3. OTHER \_\_\_\_\_

Signed \_\_\_\_\_  
Date \_\_\_\_\_