



Robert Packer Hospital
One Guthrie Square
Sayre, PA 18840-1698
Tel 570.888.6666

March 29, 2005

Sandra Gabriel, Health Physicist
Nuclear Regulatory Commission
Division of Nuclear Materials Safety
465 Allendale Road
King of Prussia, PA 19406-1415

RE: Amendment to Materials License 37-01893-01 03003013

Dear Sandy,

I am writing to notify you that the Guthrie Clinic has terminated its employment of Mahmoud M. Hammoudah, PhD. I am therefore asking you to remove Dr. Hammoudah as an authorized Medical Physicist from our license.

Dr. Chen will continue as an authorized Medical Physicist on our license.

Please do not hesitate to contact me with any questions.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Mary N. Mannix'.

Mary N. Mannix, FACHE
Sr. Vice President, COO

cc: Asaf Durakovic, MD, RSO
Steve Nagar, RSC
Gary Proulx, MD
Bonnie Onofre
Theresa Sargent

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

3/29/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment 37-01893-01 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 136782.
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_3M
: Exp. Date: 20110930
: Fee Comments: CODE 23
: Decom Fin Assur Req'd: N
: ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
Applicant/Licensee: GUTHRIE HEALTHCARE SYSTEM &
Received Date: 20050329
Docket No: 3003013
Control No.: 136782
License No.: 37-01893-01
Action Type: Amendment

2. FEE ATTACHED
Amount: /
Check No.:

3. COMMENTS

Signed *Rebecca Jones*
Date 4/12/2005

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 _____