



700 LAWN AVENUE
P.O. BOX 902
SELLERSVILLE, PA 18960
PHONE 215-453-4000
www.gvh.org

GRAND VIEW HOSPITAL

May 4, 2005

VIA FACIMILE AND US MAIL

Randolph C. Ragland
Division of Nuclear Materials Licensing
US Nuclear Regulatory Commission
Region I
475 Allendale Road
King of Prussia, PA 19406-1415

L-2

RE: DOCKET NO.: 030-12571
LICENSE NO.: 37-13187-02

Dear Mr. Ragland:

Grand View Hospital wishes to amend our Materials License as follows:

Add to #7. E - Isotope Products Model NES-8412.

We would appreciate your immediate consideration on this matter. We have been unable to follow our standard practice of attenuation correction for cardiac imaging because our existing sources have decayed to too low an activity. We normally use attenuations correction on all of our cardiac patients. Philips Medical will not replace our existing sources until we amend our license to show the model number they currently will ship and install.

Please process this application with utmost urgency. This will enable us to have sources replaced within three (3) days of receipt of the amendment. Please contact Jan DiDonato at 215/453-4654 with any questions or concerns. Thank you.

Sincerely,

J. Mark Horne, CHE
Senior Vice President
Clinical and Support Services

JMH/bl

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

5/4/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 37-13187-02 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 136954.
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:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02120
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20140331
: Fee Comments: CODE 23
: Decom Fin Assur Req: N
: ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: GRAND VIEW HOSPITAL
Received Date: 20050504
Docket No: 3012571
Control No.: 136954
License No.: 37-13187-02
Action Type: Amendment

2. FEE ATTACHED

Amount:
Check No.:

3. COMMENTS

Signed Rebecca J. Wood
Date 5/16/05

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 _____