



Office of Research and Graduate Studies

RECEIVED
REGION I

'05 MAR 31 P12:59

March 2, 2005

U.S. Nuclear Regulator Commission
Region I
475 Allendale Road
King of Prussia, PA 19406-1415

03035642

Re: License No. 37-00467-37

Dear Sir or Madam:

Please amend the above referenced license to update the authorized users as follows:

Remove: Bizhan Micaily, Curtis Miyamoto and Ashraf Youssef
Add: Lydia Komarnicky, M.D., Mark Alden, M.D., and Leslie Hughes, M. D.

Drs. Komarnicky, Alden and Hughes are authorized users for \$35,400 materials and uses on NRC license 37-28359-01.

Also, please amend the licensed use locations as follows:

Wills Eye Hospital, Operating rooms 1-7, 7th floor patient rooms and oncology examination rooms on 2nd floor located at 9th and Walnut, Philadelphia

should be changed to:

Jefferson Hospital for Neuroscience, Operating rooms 1-7 and 7th floor patient rooms located at 900 Walnut Street, Philadelphia; Wills Eye Hospital, 14th floor oncology examination rooms located at 840 Walnut Street, Philadelphia.

All other locations should remain the same. Agreements between the parties were previously submitted.

Finally, please address official correspondence for Philadelphia Health and Education Corporation to my attention with a copy to Kent Lambert, Radiation Safety Officer. If you have any questions regarding the above requests, please contact Kent Lambert (215-762-8768, kent.lambert@drexel.edu).

Sincerely,

Leonard M. Stephenson, Ph.D.
Vice Provost for Research
Dean of Graduate Studies

cc: S. Murthy, Ph.D.
K. Lambert, M.S., CHP

136796
NMCC/RONI MATERIALS-002

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

3/2/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amend. 37-0467-37 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 136796.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02120
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20110331
: Fee Comments: _____
: Decom Fin Assur Req'd: N
: ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: PHILADELPHIA HEALTH & EDUCATION COR
Received Date: 20050331
Docket No: 3035642
Control No.: 136796
License No.: 37-00467-37
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed W. A. Parkins
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 _____