



Office of Research and Graduate Studies

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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, 7<sup>th</sup> floor patient rooms and oncology examination rooms on 2<sup>nd</sup> floor located at 9<sup>th</sup> and Walnut, Philadelphia

should be changed to:

Jefferson Hospital for Neuroscience, Operating rooms 1-7 and 7<sup>th</sup> floor patient rooms located at 900 Walnut Street, Philadelphia; Wills Eye Hospital, 14<sup>th</sup> 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

NM30/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. 37-00467-37 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 136 796.  
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: 02120  
 and : Status Code: 0  
 Regional Licensing Sections : 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. Perkins  
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 \_\_\_\_\_