



RECEIVED  
REGION I

801 Ostrum Street  
Bethlehem, PA 18015  
610-954-4000

'05 APR 14 12:54

License Reviewer  
Region I  
U.S.N.R.C.  
475 Allendale Rd.  
King of Prussia, PA 19406

3-29-05

Dear Whomever,

03003100

Please amend our byproduct material license (37-07939-01) to exclude the following physicians listed as authorized users: Raymond Kyriakos, M.D., Jeffrey Coralnick, M.D., Charles DePena, M.D., David Dix, M.D., Anthony Foderaro, M.D., Diana Hutchings, M.D., Morris Levin, M.D., Asha Kovalovich, M.D., Harvey Scholl Jr, M.D., C. Edgar Martin, M.D.

Sincerely,

Walter L. Robinson, M.S., A.B.S.N.M. & A.B.M.P. with A.B.R. (Eq.)  
Radiation Safety Officer  
St. Luke's Hospital and Health Network

  
Elaine Thompson, COO

136874

NMSS/RGNI MATERIALS-002

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 37-07939-01 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

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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** 136874.  
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: 02230  
: Status Code: 0  
: Fee Category: 7C 2B  
: Exp. Date: 20090731  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Req'd: N  
: .....

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: ST. LUKE'S HOSPITAL  
Received Date: 20050414  
Docket No: 3003100  
Control No.: 136874  
License No.: 37-07939-01  
Action Type: Amendment

2. FEE ATTACHED

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

3. COMMENTS

Signed Rebecca Fumard  
Date 4/12/05

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 \_\_\_\_\_