

ROBERT WOOD JOHNSON
UNIVERSITY HOSPITAL

One Robert Wood Johnson Place
P.O. Box 2601
New Brunswick, NJ 08903-2601 / 732-828-3000

RECEIVED
REGION 1

'05 MAY -2 P1 :47

April 29, 2005

Pamela J. Henderson, Chief
Nuclear Materials Safety Branch 1
Division of Nuclear Materials Safety
475 Allendale Road
King of Prussia, PA 09406

Ref: 29-10173-02 03002525

Dear Ms. Henderson,

We propose to make the following changes to our licensing conditions.

- 1) Delete Robert Cole, M.D. as an authorized user.
- 2) Delete Behai Peng, M.D. as an authorized user.
- 3) Stephen K. Jones, Senior Vice President will be our administrator.

If you need any further information, please call me at 732 937 8609.

Sincerely,

R Dasika
Rao Dasika
Radiation Safety Officer

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

4/29/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 29-10173-02 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 136907.
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: 02240
: Status Code: 0
: Fee Category: 7C_3E
: Exp. Date: 20140430
: Fee Comments: 3E ADDED 05/24/02
: Decom Fin Assur Reqd: N

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LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: ROBERT WOOD JOHNSON UNIV. HOSPITAL
Received Date: 20050502
Docket No: 3002525
Control No.: 136987
License No.: 29-10173-02
Action Type: Amendment

2. FEE ATTACHED

Amount: /
Check No.: /

3. COMMENTS

Signed Rebecca J. J. J.
Date 5/11/05

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 _____