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732-530-5750

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732-249-4410

BUSINESS OFFICE
732-390-0040

United States
Nuclear Regulatory Commission
Medical Licensing Assistant
475 Allendale Road
King of Prussia, PA 19406-1415

'05 MAY -9 P12 :40

May 2, 2005

03012816

RE: NRC license 29-17475-01

I request an amendment to this license at the 475 Cranbury Road, East Brunswick, NJ location. We are adding a room for cardiac stress testing. The equipment in the room will include a treadmill, bed, and patient monitoring equipment. Technetium-99m will be used for cardiac imaging. The room will be surveyed for exposure each day of use. A wipetest will be performed at least weekly.

A floorplan is included as Attachment 1.

Please direct all questions regarding this matter to

Robert J. Tokarz, Radiation Safety Officer
732-424-0909

Sincerely,

S. Thomas Dunlap,
CEO

137016
NMSS/RGNI MATERIALS-002

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OUTDOORS

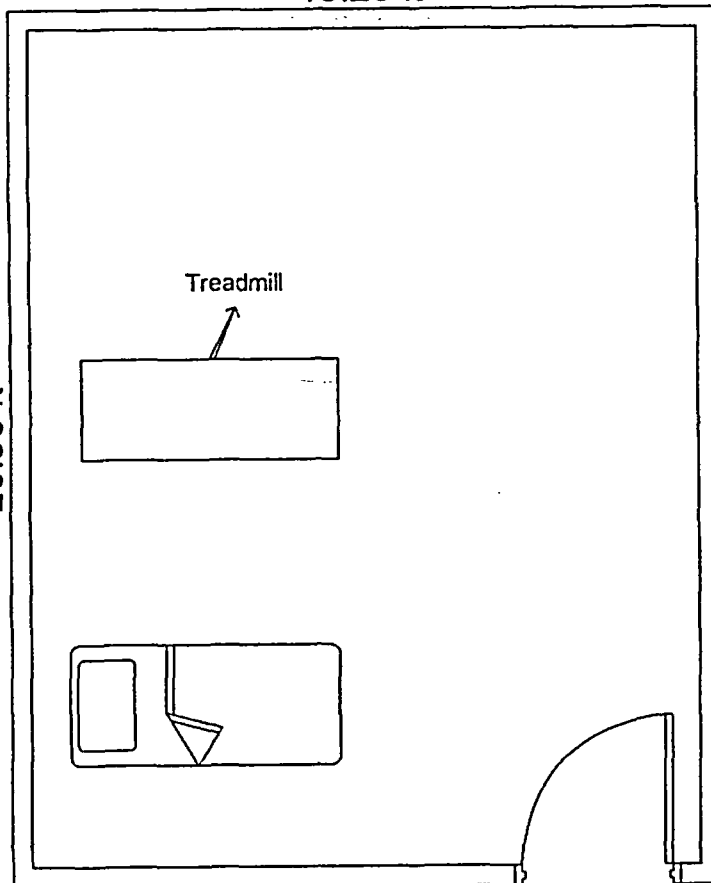
16.25 ft

MRI

Treadmill

ULTRASOUND

20.59 ft



HALLWAY

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

5/2/2005, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 29-17475-d
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 13706.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (R1)
(8-96)

Sincerely,
Licensing Assistance Team Leader

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02200
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20140331
: Fee Comments: _____
: Decom Fin Assur Req: N
: ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: UNIVERSITY RADIOLOGY GROUP, PA
Received Date: 20050509
Docket No: 3012816
Control No.: 137016
License No.: 29-17475-01
Action Type: Amendment

2. FEE ATTACHED

Amount:
Check No.:

3. COMMENTS

Signed W. a. Perkins
Date 5/15/2005

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 _____