

RECEIVED
REGION 1

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Cancer Centers

at Bayhealth Medical Center
793 S. Queen Street
Dover, DE 19904
Tel: 302-674-4401
FAX 302-674-4129

April 29, 2005

Thomas K. Thompson
Senior Health Physicist
United State Nuclear Regulatory Commission
Division of Nuclear Materials Safety
475 Allendale Road
King of Prussia, PA 19406

RE: License Number SUB-1513 04008950

Dear Mr. Thompson,

Effective April 1, 2004, Bayhealth Medical Center has taken over all operations and ownership of radiation oncology services and equipment at the Cancer Center at 793 South Queen Street, Dover, Delaware 19904 and at the Milford Cancer Center at 21 West Clarke Avenue, Milford, Delaware 19963. We request an amendment to the license # SUB-1513 changing the licensee to Bayhealth Medical Center instead of Luther Brady M.D.

If you have any questions, please do not hesitate to contact either one of us.

Sincerely,

A handwritten signature in cursive script, appearing to read "R. Subramanyam".

Raji Subramanyam, Ph.D.
Chief Physicist

A handwritten signature in cursive script, appearing to read "John D. Shevock".

John D. Shevock
Interim Manager, Radiation Oncology

136998

NMSS/RGNI MATERIALS-002

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 SUB-1513104008950
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 136998.
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: 11200
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 2B
 : Exp. Date: 20121031
 : Fee Comments: FOR SHIELDING ONLY
 : Decom Fin Assur Reqd: N
 : ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
 Applicant/Licensee: BRADY, LUTHER W. (M.D.)
 Received Date: 20050503
 Docket No: 4008950
 Control No.: 136998
 License No.: SUB-1513
 Action Type: Amendment

2. FEE ATTACHED
 Amount: /
 Check No.: /

3. COMMENTS
 Signed *Libera J. Ford*
 Date 5/12/2005

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 _____