

**Martha  
Jefferson Hospital**

RECEIVED  
REGION I

'05 MAY 18 P1:15

May 4, 2005

U.S. Nuclear Regulatory Commission  
Medical Branch  
Penny Lanzisera  
Division of Nuclear Materials Safety  
Region I  
King of Prussia, Pennsylvania 19406

Re: Materials License No. 45-23003-01 03020158

Ms. Lanzisera,

Please make the following deletions of authorized users to our materials license:

- a) Dr. Charles Chung, M.D.
- b) Greg S. Shields, M.D.
- c) Shekar P. Kumar, M.D.

These doctors are no longer employed by Martha Jefferson Hospital.

Thank you for your consideration of these items. Let me know if more information is needed.

Sincerely,

Liz Colvin



Nuclear Medicine Supervisor

434-244-5902 office phone

434-244-5914 fax

434-244-5915 [ElizabethE.Colvin@mjh.org](mailto:ElizabethE.Colvin@mjh.org)

434-244-5916

137059  
NMSS/RGNI MATERIALS-002

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

5/4/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 45-23003-01 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** 137059.  
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  
: Exp. Date: 20140731  
: Fee Comments: CODE 23  
: Decom Fin Assur Req: N  
:.....

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: MARTHA JEFFERSON HOSPITAL  
Received Date: 20050518  
Docket No: 3020158  
Control No.: 137059  
License No.: 45-23003-01  
Action Type: Amendment

2. FEE ATTACHED

Amount:           /            
Check No.:           /          

3. COMMENTS

Signed Rebecca J. Ford  
Date 5/19/2005

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 \_\_\_\_\_