

**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

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

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 _____