

Hackensack Cardiovascular Group, P.C.
Karan Nejad, M.D.
20 Prospect Avenue Suite 809
Hackensack, NJ 07601

RECEIVED
REGION 1
05 MAY 20 11:15

Licensing Assistant Section
Nuclear Materials Safety Branch
U.S. Nuclear Regulatory Commission, Region I
475 Allendale Road
King of Prussia, PA 19406-1415

Re: Notification NRC License # 29-30890-01 03036523

May 5, 2005

Dear Sir/ Madam:

This serves as a notification that we are adding an injection area as an area of use. This area will be not be posted as a restricted area since it will be used less than 8 hours per day. However, surveys and wipe tests will be performed according to our license conditions on the days radioactive material is used in this area.

Please contact our Physics Consultant, Elaine Rovazzi, M.S. @ (973) 322-5118 for any further information.

Thank you and we look forward to receiving our license amendment.

Sincerely,


Karan Nejad, M. D.
Owner/ Radiation Safety Officer

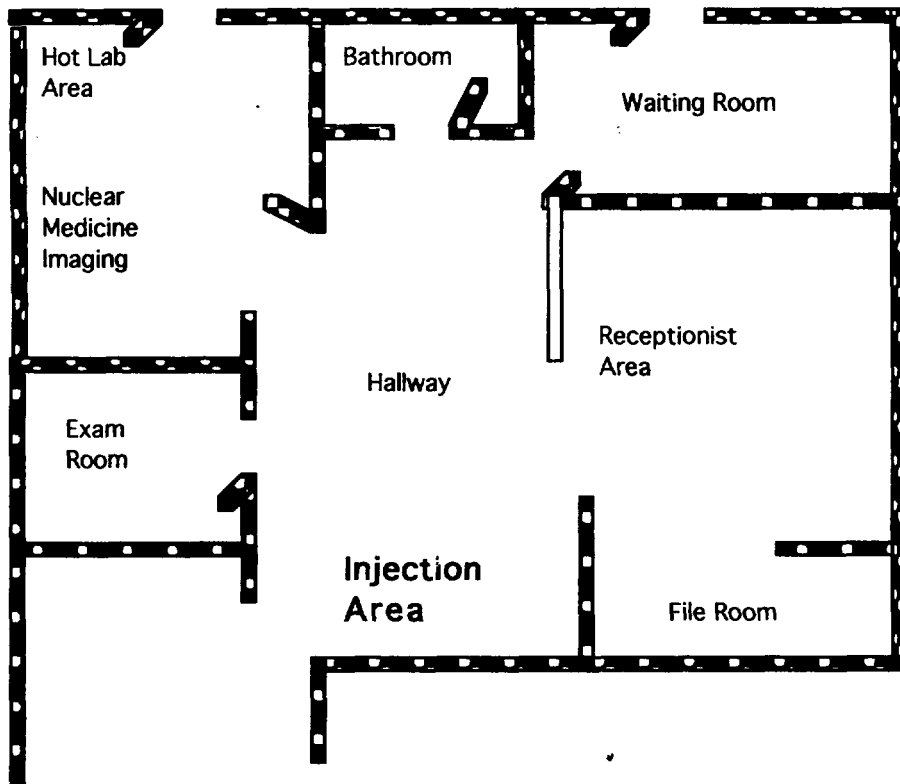
enc. Room Diagram

137086
NMSS/RGNI MATERIALS-002

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Karan Nejad, M.D.
20 Prospect Avenue Suite 809
Hackensack, NJ 07601

NRC License # 29-30890-01
NJBRP License # 20805-01-001

Corridor



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

3/5/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Notification 29-30890-01
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 137086.
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: 02201
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20140430
 : Fee Comments: _____
 : Decom Fin Assur Reqd: N
 : ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
 Applicant/Licensee: NEJAD, KARAN S., M.D.
 Received Date: 20050520
 Docket No: 3036523
 Control No.: 137086
 License No.: 29-30890-01
 Action Type: Notifications

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

3. COMMENTS
 Signed Rebecca Jernad
 Date 5/27/05

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 _____