

TRANSMISSION VERIFICATION REPORT

TIME : 04/06/2005 16:25
NAME : USNRC
FAX : 6308299782
TEL : 6308299782

DATE, TIME
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DURATION
PAGE(S)
RESULT
MODE

04/06 16:24
88169322344
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NRC FORM 386 (R111)
07-2002



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
801 Warrenville Road, Suite 255
Lisle, Illinois 60532-4351

TELEFAX TRANSMITTAL

DATE: 4/6/05 NUMBER OF PAGES: 3
(including this page)

SEND TO: GREG SACKETT, R50

LOCATION: St. Luke's Hospital of Kansas City

FAX NUMBER: 816-932-2344 ☐ VERIFY BY CALLING SENDER

FROM: COLLEEN CAROL CASEY
(SENDER)

TELEPHONE NUMBER: 630-829-9841 FAX NUMBER: 630-829-9782

If you do not receive the complete fax transmittal, please contact the sender as soon as possible at the telephone number provided above.

MESSAGE

Please call me if you have questions.
Thank you very much.



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LOCATION: ST. Luke's Hospital of Kansas City

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FROM: COLLEEN CAROL CASEY
(SENDER)

TELEPHONE NUMBER: 630-829-9841 FAX NUMBER: 630-829-9182

If you do not receive the complete fax transmittal, please contact the sender as soon as possible at the telephone number provided above.

MESSAGE

Please call me if you have questions.
Thank you very much.

Colleen Carol Casey

NOTICE

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone and return the original to the above address, by U.S. Mail. Thank you.

**COLLEEN CAROL CASEY
MATERIALS LICENSING BRANCH
UNITED STATES NUCLEAR REGULATORY COMMISSION**

REGION III
2443 WARRENVILLE ROAD
LISLE, ILLINOIS 60532-4352
OFFICE: (630)-829-9841 FAX: (630) 829-9782 or (630) 515-1259

CONVERSATION RECORD

|TIME

|DATE

ACTUALLY FAXED? YES.

April 6, 2005

NAME OF PERSON(S) CONTACTED

ORGANIZATION

TELEPHONE NO.

Gregory Sackett, M.S., RSO for St. Luke's Hospital of Kansas City

816-932-6296

SUBJECT

License No.: 24-00889-01

Control No.: **314265**

SUMMARY

We have reviewed your letter dated March 3, 2005, and application dated March 2, 2005, requesting an amendment to your byproduct materials license and find that we need additional information as follows:

1. Please confirm that your Radiation Safety Committee will evaluate each authorized user for the Iodine-125 Iotrex GliaSite to be qualified in accordance with 10 CFR 35.940 or 35.490 for the use of materials in 35.400, as the GliaSite is considered to be "liquid brachytherapy," in essence.
2. Please note that, although the SSDR certificate for the I-125 GliaSite does not require a leak test, NRC does require leak test-type evaluations of the GliaSite product. Therefore, please confirm that you will retain a record of each leak test for 3 years (the period that 10 CFR 35.2067 requires for brachytherapy sources.)
3. Please confirm that your written directive will include the treatment site, both before and after implantation of the Iodine-125 Iotrex GliaSite.

FYI only, no response item:

In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this letter will be available electronically in the NRC Public Document Room or from the Publicly Available Records (PARS) component of NRC's document system (ADAMS). The NRC's document system is accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html>.

ACTION REQUIRED

Submit the requested information within 15 calendar days (by April 21, 2005) by referencing control number 314265 to facilitate proper handling. If we do not receive an adequate response by this date, we may **VOID** the current action without contacting you again. This will be done without prejudice to the resubmission of your request at a later date. Upon receipt of your

response we will resume our review. Address your written response to my attention at the above address.

PLEASE NOTE THAT A "VOID" IS AN ADMINISTRATIVE PROCEDURE THAT PUTS YOUR AMENDMENT REQUEST "ON HOLD" (TAKES IT OUT OF OUR ACTIVE CASEWORK DATABASE) UNTIL YOU REACTIVATE IT VIA A WRITTEN RESPONSE.

PLEASE DIRECT ANY QUESTIONS YOU MAY HAVE TO ME AT (630) 829-9841 or (800) 522-3025.

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

Colleen Carol Casey

A handwritten signature in cursive script that reads "Colleen Carol Casey". The signature is written in dark ink and is positioned between the name and the date fields of the form.

April 6, 2005
