



UPMC Cancer Center

at UPMC St. Margaret

RECEIVED
REGION 1

2005 JUN 13 PM 1:41

Radiation Oncology

815 Freeport Road
Pittsburgh, PA 15215
412-784-4900
Fax: 412-784-4905

June 8, 2005

U.S. Nuclear Regulatory Commission
Region I
475 Allendale Rd.
King Of Prussia, PA 19406

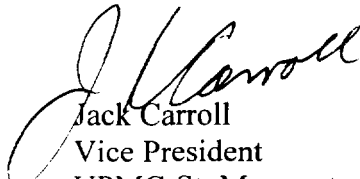
Re: License Number 37-14014-01 03001979

Dear Sir or Madam:

Please amend this part 6D of this license to allow use of North American Scientific, Inc. seed model MED3631-AM (Prospera I-125) and Best Medical International, Inc. Model 2301 (Best Iodine 125).

If any more information is needed to amend this license, please contact Bruce Libby, PhD, DABMP at (412) 784-4915.

Sincerely,


Jack Carroll
Vice President
UPMC-St. Margaret



UPMC Cancer Centers works in tandem with the University of Pittsburgh Cancer Institute, the region's only National Cancer Institute-designated Comprehensive Cancer Center.

137204

NMCS/RGNI MATERIALS-002

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

6/8/2005, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 37-14014-01 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** 137204.
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: 20121031
: Fee Comments: _____
: Decom Fin Assur Reqd: N
:

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: PITTSBURGH, UNIVERSITY OF MED. CTR.
Received Date: 20050613
Docket No: 3001979
Control No.: 137204
License No.: 37-14014-01
Action Type: Amendment

2. FEE ATTACHED

Amount: /
Check No.: /

3. COMMENTS

Signed Rebecca J. Ford
Date 6/23/05

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 _____