



COLLEEN CAROL CASEY
MATERIALS LICENSING BRANCH
UNITED STATES NUCLEAR REGULATORY COMMISSION
REGION III
2443 WARRENVILLE ROAD STE 210
LISLE, ILLINOIS 60532-4352
OFFICE: (630)-829-9841 FAX: (630) 829-9782 or (630) 515-1259

CONVERSATION RECORD	TIME	DATE
ACTUALLY FAXED? YES.		November 17, 2005

NAME OF PERSON(S) CONTACTED	ORGANIZATION	TELEPHONE NO.
Ray Poston, RSO for	Deaconess Hospital	812-858-2266

SUBJECT		
License No.: 13-00142-02	Control No.: 314992	

SUMMARY
We have reviewed your letter dated October 29, 2005, requesting an amendment to your byproduct materials license and find that we need additional information as follows:

Please note that we were not able to approve your requests to delete authorization of phosphorus-32 in the Guidant Galileo device and strontium-90 in the Novoste Model A1000 series intravascular brachytherapy system from your license because the information provided in your letter dated October 29, 2005, was insufficient to complete our review.

Please submit a copy of acknowledgments of receipt from the appropriate vendors who took possession of your final sources and devices for phosphorus-32 in the Guidant Galileo device and strontium-90 in the Novoste Model A1000 series intravascular brachytherapy system. The acknowledgments of receipt must show that the vendors received your last active sources and devices and were appropriately licensed to take possession of these sources/device.

10 CFR 30.41 and 30.51 require this information and we must review it before we can amend your license to remove the phosphorus-32 in the Guidant Galileo device and strontium-90 in the Novoste Model A1000 series intravascular brachytherapy system authority from your license. Your vendors should have sent this information to you automatically when you returned the last sources/devices.

Please also provide copies of the most recent leak tests for each of the last sealed sources you possessed for the phosphorus-32 in the Guidant Galileo device and strontium-90 in the Novoste Model A1000 series intravascular brachytherapy system intravascular brachytherapy system.

Please note that, although your letter states that a close-out survey was conducted in the areas of use for the IVBT devices, no detailed information supporting the close-out survey was submitted. so we cannot accept the close-out survey information provided. It is generally easier to submit the most leak test results for each of the sealed sources you possessed for each type of device/source.

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 30 calendar days (by December 17, 2005) by referencing control number 314992 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. IT "BUYS" YOU TIME TO PREPARE A QUALITY RESPONSE AND IS GENERALLY REGARDED AS A "GOOD THING."

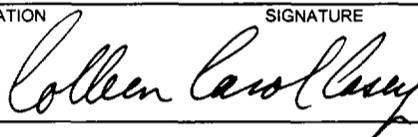
PLEASE DIRECT ANY QUESTIONS YOU MAY HAVE TO ME AT (630) 829-9841 or (800) 522-3025.

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

Colleen Carol Casey



November 17, 2005

TRANSMISSION VERIFICATION REPORT

TIME : 11/18/2005 15:00
 NAME : USNRC
 FAX : 6308299782
 TEL : 6308299782

DATE, TIME	11/18 14:59
FAX NO./NAME	88128582284
DURATION	00:00:57
PAGE(S)	03
RESULT	OK
MODE	STANDARD ECM

NRC FORM 386 (R111)
(4-2004)



UNITED STATES
 NUCLEAR REGULATORY COMMISSION
 REGION III
 2443 Warrenville Road, Suite 210
 Lisle, Illinois 60532-4352

TELEFAX TRANSMITTAL

DATE: 11-17-05 NUMBER OF PAGES: 3
(including this page)

SEND TO: RAY POSTON

LOCATION: DEACONESS HOSPITAL

FAX NUMBER: 812 ⁸⁵⁸⁻²²⁸⁴ ~~450-7257~~ **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.

P O N P O P . . .



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MESSAGE
*Please call me if you have questions,
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.