

**From:** Penny Lanzisera  
**To:** canderko@geisinger.edu  
**Date:** Thu, Oct 12, 2006 2:45 PM  
**Subject:** Request for Additional Information regarding amendment request, MCN 139374

L.N. 37-01421-01  
D.N. 030-02984  
Mail Control No. 139374  
Licensee: Geisinger Health System

Dear Ms. Anderko,

Please submit the confirmation of receipt from the manufacturer and the latest leak test record, to support removal of the device/source from your license. You may fax this information to my attention at 610-337-5269. Please reference Mail Control No. 139374 in your response.

Penny Lanzisera  
US NRC, Region 1

**Mail Envelope Properties** (452E8D55.FA6 : 17 : 55940)

**Subject:** Request for Additional Information regarding amendment request, MCN  
139374

**Creation Date** Thu, Oct 12, 2006 2:45 PM

**From:** Penny Lanzisera

**Created By:** PAN@nrc.gov

**Recipients**

geisinger.edu

canderko (canderko@geisinger.edu)

**Post Office**

**Route**

geisinger.edu

**Files**

MESSAGE

**Size**

924

**Date & Time**

Thursday, October 12, 2006 2:45 PM

**Options**

**Expiration Date:**

None

**Priority:**

Standard

**ReplyRequested:**

No

**Return Notification:**

None

**Concealed Subject:**

No

**Security:**

Standard