

# ACCEPTANCE REVIEW MEMO (ARM)

**Licensee:** Dept of Army, Darnall Army Med Center      **License No.:** 42-19113-01

**Docket No.:** 030-16084      **Mail Control No.:** 471178

**Type of Action:** Amend      **Date of Requested Action:** 09-29-06

**Reviewer Assigned:**      **ARM reviewer(s):** Torres

Response	Deficiencies Noted During Acceptance Review
	<input type="checkbox"/> Open ended possession limits. Limit possession. Submit inventory. <input type="checkbox"/> Submit copies of most recent leak test results. <input type="checkbox"/> Add - delete IC license condition. Add IC paragraph in cover letter. <input type="checkbox"/> Split license from cover letter. Add SUNSI marking to license. <input type="checkbox"/> Ask the licensee if they have any type-amount of EPAct Material.
<i>Note to reviewer</i>	<i>Dr. Banks meets 35.100, 35.200 &amp; I-131 &gt; 33mCi based on cursory review.</i>

**Reviewer's Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- RITZ*
- Yes  No      Unrestricted release Group 2 or >: Transfer memo to FCDB within 10 days.
  - Yes  No      Decommissioning notification should be completed within 30 days.
  - Yes  No      Termination request < 90 days from date of expiration
  - Yes  No      Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other)
  - Yes  No      TAR needed to complete action.

**Branch Chief's and/or Sr. HP's Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### SUNSI Screening according to RIS 2005-31

Yes  No      **Non-Publicly Available, Sensitive** if any item below is checked

General guidance:

- \_\_\_\_\_ RAM = or > than Category 3 (Table 1, RIS 2005-31), use Unity Rule
- \_\_\_\_\_ Exact location of RAM (whether = or > than Category 3 or not)
- \_\_\_\_\_ Design of structure and/or equipment (site specific)
- \_\_\_\_\_ Information on nearby facilities
- \_\_\_\_\_ Detailed design drawings and/or performance information
- \_\_\_\_\_ Emergency planning and/or fire protection systems

Specific guidance for medical, industrial and academic (above Category 3):

- \_\_\_\_\_ RAM quantities and inventory
- \_\_\_\_\_ Manufacturer's name and model number of sealed sources & devices
- \_\_\_\_\_ Site drawings with exact location of RAM, description of facility
- \_\_\_\_\_ RAM security program information (locks, alarms, etc.)
- \_\_\_\_\_ Emergency Plan specifics (routes to/from RAM, response to security events)
- \_\_\_\_\_ Vulnerability/security assessment/accident-safety analysis/risk assess
- \_\_\_\_\_ Mailing lists related to security response

**Branch Chief's and/or Sr. HP's Initials:** *RITZ*      **Date:** *11/22/06*

## Pre-Licensing Screening

### Applicant Information:

Control No. 471178

Name: Dept of Army, Darnall Army Med Center	Type of Request: Amend Program Code(s):
Location: TX	License No.: 42-19113-01      Docket No.: 030-06084

### STEP 1—Radioactive Materials and Quantities Requested:

<b>Instructions for Step 1: Complete Step 1 for all applications.</b> If all your responses in Step 1 are "No" then do not complete Step 2 (Screening Criteria). Sign and date the completed step-sheet and add it as the sensitive and non-publicly available OAR in ADAMS. If a "yes" response is indicated for any item in Step 1, also complete Step 2. If the type of use is subject to a Security Order or the requirements for increased controls, complete Step 3 (Item A or Item B) without delay.	Yes or No
A. The request is from a new applicant.	No
B. NUREG-1556, Volume 20, Section 4.9 indicates a licensing site visit is needed for the requested type of use, e.g., (1) Type A broad scope license, (2) panoramic irradiator containing > 10000 curies, (3) manufacturers or distributors using unsealed radioactive material or significant quantities of sealed material, (4) radioactive waste brokers, (5) radioactive waste incinerators, (6) commercial nuclear laundries, and (7) any other application that in the judgement of the reviewer and cognizant supervisor involves complex technical issues, complex safety questions, or unprecedented issues that warrant a site visit.	No
C. The applicant requested certain radionuclides and quantities that equal or exceed the Risk Significant Quantity (TBq) values in the table, below, that have been "highlighted" by the reviewer	No

### Table of Risk Significant Quantities

(Category 2 Quantities, IAEA Safety Guide No. RS-G-1.9, Categorization of Radioactive Sources, August 2005)

Radionuclide	Risk Significant Quantity (TBq) <sup>1</sup>	Risk Significant Quantity (Ci) <sup>1</sup>	Radionuclide	Risk Significant Quantity (TBq) <sup>1</sup>	Risk Significant Quantity (Ci) <sup>1</sup>
Am-241	0.6	16	Pm-147	400	11,000
Am-241/Be	0.6	16	Pu-238	0.6	16
Cf-252	0.2	5.4	Pu-239/Be	0.6	16
Cm-244	0.5	14	Ra-226 <sup>2</sup>	0.4	11
Co-60	0.3	8.1	Se-75	2	54
Cs-137	1	27	Sr-90 (Y-90)	10	270
Gd-153	10	270	Tm-170	200	5,400
Ir-192	0.8	22	Yb-169	3	81

<sup>1</sup> The primary values are TBq. The curie (Ci) values are for informational purposes only.  
<sup>2</sup> The Atomic Energy Act, as amended by the Energy Policy Act of 2005, authorizes NRC to regulate Ra-226 and NRC is in the process of amending its regulations for discrete sources of Ra-226.

Calculations of the Total Activity or the Unity Rule are attached to document whether or not the screening criteria in Step 2 were also completed to evaluate the application. <b>NOTE—If an amendment of an existing license is being requested, the calculations will include the previously authorized quantities for the radionuclide(s).</b>	Yes, No, or Not Applicable (NA)
Total Activity—multiple activities are requested for a single radionuclide and the sum of the activities equals or exceeds the quantity of concern for the radionuclide	—
Unity Rule—multiple radionuclides are requested and the sum of the ratios equals or exceeds unity, e.g., [(total activity for radionuclide A) ÷ (risk significant quantity for radionuclide A)] + [(total activity for radionuclide B) ÷ (risk significant quantity for radionuclide B)] ≥ 1.0.	—

### Signature and Date for Step 1:

JTC 1/22/06

License Reviewer and Date



DEPARTMENT OF THE ARMY  
Carl R. Darnall Army Medical Center  
Ft Hood, TX 76544

RECEIVED

NOV 08 2006

DNMS

29 September 2006

REPLY TO  
ATTENTION OF

MCXI-DPM-RP

MEMORANDUM FOR U. S. Nuclear Regulatory Commission, Region IV, 611 Ryan Plaza Drive, Suite 400, Arlington, Texas 76011-8064

SUBJECT: Amendment Request for US Nuclear Regulatory Commission (NRC) Byproduct Material License Number 42-19113-01 | Add Authorized User (AU)

*NTC*

1. In accordance with 10 CFR 35.14, Notifications, request NRC License No. 42-19113-01 be amended as follows:

Add Kevin P. Banks, MD, as an AU.

- a Prescribe, prepare and administer radiopharmaceuticals for medical diagnosis and Therapy IAW 10 CFR 35.100, 35.200, and 35.300. A written directive will be required for uses under 10 CFR 35.300.
- b Dr. Banks was deemed by our Radiation Control Committee to be qualified as an AU under our specific license. Copies of credentials and NRC form 313A are enclosed for your records.

3. Point of contact is the undersigned, (254) 288-8249.

PETER T. LAM  
Major, Medical Corps  
Radiation Safety Officer

4 Enclosures

CF:

Commander, Great Plains Regional Medical Command, ATTN: MCGP-PM (CPT Crady)  
2410 Stanley Road, Suite 305, Fort Sam Houston, Texas 78234-6230

Headquarters, US Army Medical Command, ATTN: MCHO-CL-W (COL Eng)  
2050 Worth Road, Fort Sam Houston, Texas 78234-6000

US Army Center for Health Promotion and Preventive Medicine, ATTN: MCHB-TS-OMH  
(LTC Taylor) 5158 Blackhawk Road, Aberdeen Proving Ground, Maryland 21210-5403

# The American Board of Radiology

Diagnostic Radiology

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June 14, 2006

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- Ann Roberts, M.D.  
La Jolla, California
- Janet L. Smith, M.D.  
Cincinnati, Ohio
- Kay H. Vydarczyk, M.D.  
Atlanta, Georgia

53011 / DR / 15 / 42

Kevin Patrick Banks, MD

Dear Dr. Banks:

I am pleased to inform you that you passed the oral examination held on June 11-14, 2006. The American Board of Radiology grants you its Certificate in Diagnostic Radiology. This is a ten-year time-limited certificate. In addition, because you received the appropriate training to make you AU-Eligible and passed the NRC-related portions of the nuclear medicine section, you will receive the AU-Eligible designation on your certificate.

The certificate will be sent to the above address in approximately three months from our printer, Jim Henry, Inc. Your name will appear on the certificate as shown above. If you wish your name to appear differently or you have an address change, please notify the Board office in writing by July 14, 2006. Your name and demographic information will be included in a Directory published by the American Board of Medical Specialties. It is your responsibility to notify other local and state or national organizations of your certification.

**Important information about your Maintenance of Certification process is enclosed. Please review it and respond as requested.**

Personally and on behalf of the Board of Trustees of The American Board of Radiology, I wish to congratulate you for this distinguished achievement. You have accomplished one of the most significant milestones in your career.

Sincerely,

Robert R. Hattery, MD

Enclosures

**Radiation Oncology**

- K. K. An Ang, M.D., Ph.D.  
Houston, Texas
- Bruce G. Hallby, M.D.  
New Brunswick, New Jersey
- Beth A. Erickson, M.D.  
Milwaukee, Wisconsin
- Richard T. Hoppe, M.D.  
Stanford, California
- Larry E. Kun, M.D.  
Memphis, Tennessee
- Steven A. Leibel, M.D.  
Stanford, California

**Radiologic Physics**

- Richard L. Morin, Ph.D.  
Jacksonville, Florida
- Dhudat R. Palival, Ph.D.  
Madison, Wisconsin
- Stephen R. Thomas, Ph.D.  
Cincinnati, Ohio

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- Larry E. Kun, M.D., *Radiation Oncology*
- Stephen R. Thomas, Ph.D., *Radiologic Physics*
- Gary J. Becker, M.D., *Subspecialty Certification*

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# San Antonio Uniformed Services Health Education Consortium



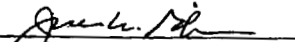
This certifies that

**Kevin Patrick Banks, M.D.**

has successfully completed  
a Residency in Diagnostic Radiology  
July 1, 2002 through June 30, 2006  
In witness thereof, this certificate is awarded  
this 30th day of June 2006




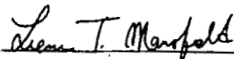
Brooke Army Medical Center

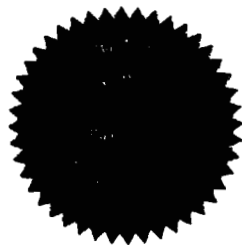
  
Jeffrey K. Gilman, M.D.  
Brigadier General, MC, USA  
Commander, Brooke Army Medical Center



Wilford Hall Medical Center

  
David G. Young II  
Brigadier General, USAF, MC, CFS  
Commander, 59th Medical Wing

  
Liam T. Mansfield, MD  
Lieutenant Colonel, MC, USA  
Director, Radiology  
Residency Program



  
Theodore W. Parsons II, MD  
Colonel, USAF, MC  
Dean, Graduate Medical Education

**MEDICAL USE TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION**

**PART I -- TRAINING AND EXPERIENCE**

**Note:** Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulation (10 CFR Part 35)

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

Kevin Patrick Banks, Radiologist - Authorized User

2. For Physicians, Podiatrists, Dentists, Pharmacists -- State or Territory Where Licensed

Connecticut (#041588)

**3. CERTIFICATION**

- a. Provide a copy of the board certification. (Stop here if applying under 10 CFR Part 35, Subpart J or 35.590(a); continue if applying under other subparts.)
  - b. Provide documentation in appropriate items 4 through 10 of training or clinical case work required by 35.50(e); 35.51(c); 35.290(c)(1)(ii)(G) for AU seeking 35.200 authorization; 35.390(b)(1)(ii)(G); 35.396(d)(1) and 35.396(d)(2); 35.590(c); or 35.690(c).
  - c. Provide completed Part II Preceptor Attestation, Items 11a through 11d.
- Stop here after completing items 3a, 3b, and 3c when using board certification to meet 10 CFR Part 35 training and experience requirements.

**4. INDIVIDUALS IDENTIFIED ON A LICENSE OR PERMIT AS RADIATION SAFETY OFFICERS (RSO), AUTHORIZED USERS (AU), AUTHORIZED MEDICAL PHYSICISTS (AMP), OR AUTHORIZED NUCLEAR PHARMACISTS (ANP) SEEKING ADDITIONAL AUTHORIZATIONS**

- a. Provide a copy of the license or broadscope permit listing the current authorization **and** (b) or (c)
- b. Complete items 6c (and 10 when training is provided by an RSO, AMP, ANP, or AU) and preceptor items 11b through 11d to meet requirements for: RSO in 35.50(c)(2) or 35.50(e); or AU in 35.290(c)(1)(ii)(G) or 35.390(b)(1)(ii)(G) or 35.590(c) or 35.690(c); or AMP under 35.51(c).
- c. Complete items 5, 6a, 6b, 10, and Preceptor items 11a through 11d to meet AU requirements in 35.396(a).

**5. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)**

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	SAUSHEC Physics Review Course	16	Sep 02 - Jun 03 Aug 03
	San Antonio Physics Review Course	7	
Radiation Protection	SAUSHEC Physics Review Course	4	Sep 02 - Jun 03 Aug 03
	San Antonio Physics Review Course	7	
Mathematics Pertaining to the Use and Measurement of Radioactivity	SAUSHEC Physics Review Course	2	Sep 02 - Jun 03 Aug 03
	San Antonio Physics Review Course	7	
Radiation Biology	SAUSHEC Physics Review Course	2	Sep 02 - Jun 03 Aug 03
	San Antonio Physics Review Course	7	
Chemistry of Byproduct Material for Medical Use	SAUSHEC Physics Review Course	1	Sep 02 - Jun 03 Aug 03
	San Antonio Physics Review Course	7	
OTHER	Nuclear Medicine Lab Training	110	Various (Jul 02 - Jun 06) Jan 06 - May 06
	Nuclear Medicine Board Review	30	

**MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**6a. WORK OR PRACTICAL EXPERIENCE WITH RADIATION**

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
Nuclear Medicine Rotation	Dr. Yong C. Bradley, MD Nuclear Medicine Svc Brooke Army Medical Center	Brooke Army Medical Center, TX 14-01369-01	18 Nov - 15 Dec 02
Nuclear Medicine Rotation	Dr. Yong C. Bradley, MD Nuclear Medicine Svc Brooke Army Medical Center	Wilford Hall Medical Center, TX TX-02682-03AFP	08 Mar - 2 Apr 04
Nuclear Medicine Rotation	Dr. Yong C. Bradley, MD Chief, Nuclear Medicine Svc Brooke Army Medical Center	Brooke Army Medical Center, TX 14-01369-01	03 - 28 May 04
Nuclear Medicine Rotation	Dr. Yong C. Bradley, MD Nuclear Medicine Svc Brooke Army Medical Center	Brooke Army Medical Center, TX 14-01369-01	11 Apr - 08 May 05
Nuclear Medicine Rotation	Dr. Yong C. Bradley, MD Nuclear Medicine Svc Brooke Army Medical Center	Brooke Army Medical Center, TX 14-01369-01	25 Sep - 22 Oct 05
Nuclear Medicine Rotation	Dr. Yong C. Bradley, MD Nuclear Medicine Svc Brooke Army Medical Center	Brooke Army Medical Center, TX 14-01369-01	04 - 20 Jun 06

**6b. SUPERVISED CLINICAL CASE EXPERIENCE (describe experience elements in 6a)**

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
I-131	Thyroid Imaging/Therapy	26	Dr Yong C. Bradley, MD	BAMC/WHMC: see above	Jul 02 - Jun 06
I-123	Thyroid Imaging	14	Dr Yong C. Bradley, MD	BAMC/WHMC: see above	Jul 02 - Jun 06
Tl-201	Myocardial Imaging	411	Dr Yong C. Bradley, MD	BAMC/WHMC: see above	Jul 02 - Jun 06
Tc-99m	Miscellaneous Imaging	801	Dr Yong C. Bradley, MD	BAMC/WHMC: see above	Jul 02 - Jun 06
F-18 FDG	PET & PET CT	66	Dr Yong C. Bradley, MD	BAMC/WHMC: see above	Jul 02 - Jun 06
Ga-67	Tumor/Infection Imaging	9	Dr Yong C. Bradley, MD	BAMC/WHMC: see above	Jul 02 - Jun 06
In-111	Infection Imaging	12	Dr Yong C. Bradley, MD	BAMC/WHMC: see above	Jul 02 - Jun 06
Xe-133	Lung Imaging	45	Dr Yong C. Bradley, MD	BAMC/WHMC: see above	Jul 02 - Jun 06

**MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**6c. TRAINING FOR SECTIONS 35.50(e), 35.51(c), 35.590(c), or 35.690(c)**

Training Element	Type of Training *	Location and Dates

\* Types of training may include supervised (complete item 10 for 35.50(e), 35.51(c), and 35.690(c)), didactic, or vendor training.

**7. FORMAL TRAINING Physicians (for uses under 35.400 and 35.600) and Medical Physicists**

Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.490)

**8. RADIATION SAFETY OFFICER (RSO) -- ONE-YEAR FULL-TIME EXPERIENCE**

- YES Completed 1 year of full-time radiation safety experience (in areas identified in item 6a) under supervision.
- N/A of \_\_\_\_\_ the RSO for License No. \_\_\_\_\_

**9. MEDICAL PHYSICIST -- ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE**

- YES Completed 1 year of full-time training (for areas identified in item 6a) in therapeutic radiological physics (35.961) or medical physics (35.51) under the supervision of \_\_\_\_\_
- N/A who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51);

**and**

- YES Completed 1 year of full-time work experience (at location providing radiation therapy services described and for topics identified in item 6a) for (specify use or device) \_\_\_\_\_
- N/A under the supervision of \_\_\_\_\_ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) \_\_\_\_\_



MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

10. SUPERVISING INDIVIDUAL -- IDENTIFICATION AND QUALIFICATIONS

The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 10 CFR Part 35, provide the following information for each) :

A. Name of Supervisor

B. Supervisor is:

YONG BRADLEY

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) \_\_\_\_\_  
for medical uses in Part 35, Section(s) \_\_\_\_\_

D. Address

E. Materials License Number

PART II -- PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. This part is not required to meet training requirements in 35.590 or Part 35, Subpart J (except 35.980).

I attest the individual named in Item 1:

11a.  has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) \_\_\_\_\_  
as documented in section(s) \_\_\_\_\_ of this form.

11b. Select one  
 meets the requirements in  35.50(e)  35.51(c)  35.390(b)(1)(ii)(G)  35.690(c) for \_\_\_\_\_  
 N/A types of use, as documented in section(s) \_\_\_\_\_ of this form.

11c.  
 has achieved a level of competency sufficient to independently operate a nuclear pharmacy (for 35.980); **OR**  
 has achieved a level of competency sufficient to function independently as an authorized \_\_\_\_\_  
for \_\_\_\_\_ uses (or units); **OR**  
 has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety Officer for a medical use licensee ; **OR**  
 N/A

11d.  
 I am an Authorized Nuclear Pharmacist; **OR**  I am a Radiation Safety Officer; **OR**  
 I meet the requirements of \_\_\_\_\_ section(s) of 10 CFR Part 35  
or equivalent Agreement State requirements to be a preceptor  AU or  AMP  
for the following byproduct material uses (or units): \_\_\_\_\_

A. Address

B. Materials License Number

C. NAME OF PRECEPTOR (print clearly)

D. SIGNATURE - PRECEPTOR

E. DATE

YONG C. BRADLEY

[Signature]

20 June 06

American Board of Radiology - Program Director Attestation

**COMPLIANCE WITH NRC TRAINING AND EXPERIENCE REQUIREMENTS**

More information can be found at the following link:  
<http://www.nrc.gov/reading-rm/doc-collections/cfr/part035/part035-0290.html>

BANKS, KEVIN  
Resident Name

DIAGNOSTICSRADIOLOGY  
Program

45-04-11-2  
Program #

- |   | YES                                 | NO                       |
|---|-------------------------------------|--------------------------|
| By the time of the ABR oral examination, this applicant will have successfully completed the hours of training and experience as outlined in 10 CFR 35.290 and 35.392.....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| This applicant has taken part in $\geq 3$ cases of oral administration of I-131 therapy ( $\leq 33mCi$ ).....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| The resident's logbook of these therapy experiences (date, dose, and preceptor) is attached.....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| The work and experience cited above for § 35.290 was obtained under the supervision of an Authorized User (AU) who meets the requirements under relevant sections of § 35.290 or equivalent Agreement State requirements..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| The work and experience cited above for § 35.392 was obtained under the supervision of an Authorized User (AU) who meets the requirements under § 35.390, 35.392 or 35.394 or equivalent Agreement State requirements.....    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

LTC, MC  
PROGRAM DIRECTOR  
SAUSHEC RADIOLOGY  
Residency Program Director  
(Print Name)

*Steven T. Mansfield*  
Program Director  
(Signature)

10 April 06  
Date

I-131 Therapy Experience

BANKS, KEVIN  
Resident Name

DIAGNOSTIC RADIOLOGY 45-04-11-2  
Program & Number

<u>Date</u>	<u>Dose Administered</u>	<u>Preceptor (AU) Print &amp; Sign Name</u>
1. <u>4/28/05</u>	<u>197.60 mCi</u>	<u>YONG C. BRADLEY</u> Print Name <u>[Signature]</u> Sign Name
2. <u>3/31/04</u>	<u>157.5 mCi</u>	<u>YONG C. BRADLEY</u> Print Name <u>[Signature]</u> Sign Name
3. <u>3/22/04</u>	<u>128.0 mCi</u>	<u>YONG C. BRADLEY</u> Print Name <u>[Signature]</u> Sign Name
4. <u>3/31/04</u>	<u>22.30 mCi</u>	<u>YONG C. BRADLEY</u> Print Name <u>[Signature]</u> Sign Name
5. <u>4/1/04</u>	<u>13.15 mCi</u>	Jess A. Abraham <u>[Signature]</u>
6. <u>4/22/05</u>	<u>30.70 mCi</u>	Jess A. Abraham <u>[Signature]</u>

DEC 8 2006

DATE

This is to acknowledge the receipt of your letter/application dated 9-29-06, and to inform you that the initial processing, which includes an administrative review, has been performed.

There were no administrative omissions. Your application will be 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:

---

The action you requested is normally processed within 90 days.

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** 471178.  
When calling to inquire about this action, please refer to this mail control number.  
You may call me at 817-860-8103.

Sincerely,



Licensing Assistant

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

(FOR LFMS USE)  
INFORMATION FROM LTS

Program Code: 02120  
Status Code: 0  
Fee Category: 7C 3E  
Exp. Date: 20130430  
Fee Comments: 3E ADDED 12/2/99--CORRECT  
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ARMY, DEPARTMENT OF THE  
Received Date: 20061108  
Docket No: 3016084  
Control No.: 471178  
License No.: 42-19113-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: \_\_\_\_\_  
Check No.: \_\_\_\_\_

3. COMMENTS

Signed  
Date

*Patricia M. ...*  
11-16-06

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:

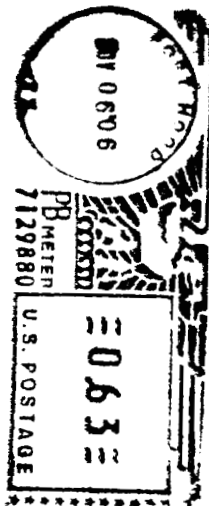
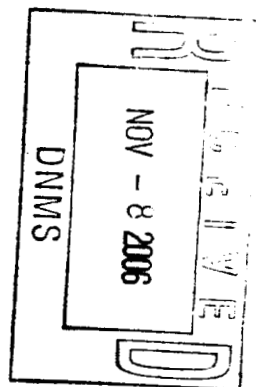
Amendment \_\_\_\_\_  
Renewal \_\_\_\_\_  
License \_\_\_\_\_

3. OTHER \_\_\_\_\_

Signed  
Date

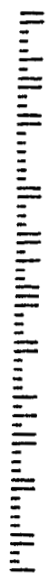
\_\_\_\_\_  
\_\_\_\_\_

ATTN: Radiation Safety  
Carl R. Darnall Army Medical Center  
Fort Hood, TX 76544-8249



ATTN: Jacqueline D. Cook  
US Nuclear Regulatory Commission, Region IV, Medical  
Division of Nuclear Material Safety  
611 Ryan Plaza Drive, Suite 400  
Arlington, TX 76011

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42-19113-01  
(030-16084)