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Missoula, Montana 59806  
406/543-7271  
www.saintpatrick.org



ST. PATRICK HOSPITAL AND HEALTH SCIENCES CENTER

RECEIVED

MAR 10 2009

DNMS

Licensing Division  
U.S. NRC Region IV  
Texas Health Resources Tower  
611 Ryan Plaza, Suite 400  
Arlington, TX 76011-4005

Re: Additional AU for NRC License # 25-16773-02

Dear Sir/Madam;

We respectfully provide notification, pursuant to 10CFR35.14(b)(1), of two authorized users who have permanently discontinued performance of their duties under USNRC License # 25-16773-02. These individuals are:

Alan A. Gabster, M.D.                      Authorized for 35.200; gadolinium-153 for use in the ADAC  
Laboratories CarioMD-AC for transmission diagnostic imaging.

Newton B. Coutinho, M.D.              Authorized for 35.200.

Please remove these individuals as authorized used on License # 25-16773-02.

Respectfully,

James H. Brewer, Ph.D., RSO

4 7 2 1 7 5

# ACCEPTANCE REVIEW MEMO (ARM)

**Licensee:** St. Patrick Hosp & Hlth Sci Ctr    **License No.:** 25-16773-02  
**Docket No.:** 030-14734    **Mail Control No.:** 472175  
**Type of Action:** Notify    **Date of Requested Action:** 3/10/09  
**Reviewer Assigned:** ARM reviewer(s): Torres

Response	Deficiencies Noted During Acceptance Review
	<input type="checkbox"/> Open ended possession limits. Submit inventory. Limit possession. <input type="checkbox"/> Submit copies of latest leak test results. <input type="checkbox"/> Add IC L.C./Fingerprint LC, add SUNSI markings to license. <input type="checkbox"/> Confirm with licensee if they have NARM material.

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Request for unrestricted release Group 2 or >. Consult with Bravo Branch.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Termination request < 90 days from date of expiration
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	TAR needed to complete action.

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

**SUNSI Screening according to RIS 2005-31**

Yes     No    **Sensitive and Non-Publicly Available** 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 [suite #, bldg. #, location different from mailing address] (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 HP's Initials:** RTZ    **Date:** MAR 26 2009

*rec'd* 3-31-09  
DATE

This is to acknowledge the receipt of your letter/application dated 3-10-09, 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 other omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card:

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The action you requested is normally processed within      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** 472175.  
When calling to inquire about this action, please refer to this mail control number.  
You may call me at 817-860-8103.

Sincerely,

*Colleen Murnahan*  
Licensing Assistant

BETWEEN: : (FOR LFMS USE)  
 License Fee Management Branch, ARM : INFORMATION FROM LTS  
 and : -----  
 Regional Licensing Sections :  
 : Program Code: 02120  
 : Status Code: 0  
 : Fee Category: 3E 7C  
 : Exp. Date: 20150731  
 : Fee Comments: CALIBRATE THEIR OWN  
 : Decom Fin Assur Reqd: N  
 : ::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
 Applicant/Licensee: ST. PATRICK HOSPITAL AND HEALTH  
 Received Date: 20090310  
 Docket No: 3014734  
 Control No.: 472175  
 License No.: 25-16773-02  
 Action Type: Notifications

2. FEE ATTACHED  
 Amount: \_\_\_\_\_  
 Check No.:   /  

3. COMMENTS  
 Signed   Cassie Munnahan    
 Date   3-24-09  

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 \_\_\_\_\_

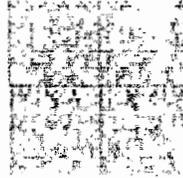
Montana Cancer  
Center



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Missoula, MT 59807-4587

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U.S. MRC Region IV  
Texas Health Resources Tower  
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