

October 2, 2009

U.S. NRC Region IV  
Texas Health Resources Tower  
Licensing Section  
612 E. Lamar Blvd.,  
Suite 400  
Arlington, TX 76011-4125

RECEIVED

OCT 2 2009

DNMS

Ref: License # 40-01683-01

Gentlemen:

Please amend our license to add effective immediately Peter Canaday, M.D. as an authorized user to use:

- (a) Unsealed radioactive material for uptake, dilution or excretion studies for which a written directive is not required,
- (b) Radiopharmaceuticals, generators, and reagent kits for imaging and localization studies.

He is currently approved for those uses on Iowa Department Public Health license # 0035-1-97-MI issued to St Luke's Regional Medical center, Sioux City, Iowa. This license expires on October 21, 2010.

Please feel free to contact our Radiation Safety Officer S. Guru Prasad, Ph.D. at 847-570-1535 or 847 921-3462 if you have any questions regarding this request.

Sincerely,



Barry Graham MD  
Vice President Medical Affairs

## ACCEPTANCE REVIEW MEMO (ARM)

**Licensee:** Avera Sacred Heart Hosp.      **License:** 40-01683-01  
**Docket:** 030-03235      **Mail Control:** 472441  
**Type of Action:** Notify      **Date of Requested Action:** 10/02/09  
**Reviewer Assigned:**      **ARM reviewer(s):** Torres

Response	Deficiencies Noted During Acceptance Review
	[ ] Open ended possession limits. Submit inventory. Limit possession. [ ] Submit copies of latest leak test results. [ ] Add IC L.C./Fingerprint LC, add SUNSI markings to license. [ ] Confirm with licensee if they have NARM material. [ ] Change of contact information (RSO), send request to update IC database.

*Verify All status with State of Iowa.*

**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:** *ATZ* **Date:** OCT 23

OCT 30  
DATE

This is to acknowledge the receipt of your letter/application dated 10-02-09, 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** 472441.  
When calling to inquire about this action, please refer to this mail control number.  
You may call me at 817-860-8103.

Sincerely,

  
Colleen Burnahan  
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  
: Exp. Date: 20150531  
: Fee Comments: CODE 21  
: Decom Fin Assur Reqd: N  
: ::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: AVERA SACRED HEART HOSPITAL  
Received Date: 20091005  
Docket No: 3003235  
Control No.: 472441  
License No.: 40-01683-01  
Action Type: Amendment

2. FEE ATTACHED

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

3. COMMENTS

Signed *Colleen Murnahan*  
Date 10-23-09

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 \_\_\_\_\_



501 Summit  
Yankton, SD 57078-3899



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