



Sanford Clinic Nuclear Medicine

Phone: (605) 328-8970 • Fax (605) 328-8972 • 1201 S. Euclid Avenue Suite 401 • Sioux Falls, South Dakota 57105

8972

FAX COVER LETTER

Number of pages: 2 (including this cover letter).

To: Jacqueline Cook Date: 11-24-09

Company: US NRC

Telephone Number: _____ Fax Number: 817-860-8263

From: Kay Schoppers ph 605 328-8974

Comments: Notification letter

RECEIVED

NOV 24 2009

DNM

Faxed by: _____ Time Sent: _____

If you do not receive all the pages, please call the number above and ask for the sender. Thank You.

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**Nuclear Medicine**

1201 S. Euclid Ave., Ste. 401
Sioux Falls, SD 57105
Phone: (605) 328-8974
Fax: (605) 328-8972

November 23, 2009

Via FAX: 817-860-8263

U. S. Nuclear Regulatory Commission Region IV
Attn: Jacqueline D. Cook
612 E. Lamar Blvd., Suite #400
Arlington, TX 76011-4125

RE: License #40-26865-01 (Docket # 030-29708)

Dear Ms. Cook:

We are writing to notify you that the name of our parent corporation, Sanford Health, has changed due to a merger with Merit Care. The name of the parent corporation is now Sanford Health-Meritcare. This is a substitute notification in place of "Faxable Change of Control Document." There has been no change in control.

The name on the license remains Sanford Clinic. There is no change of control of our license. The organizational chart of Sanford Clinic remains the same.

There is no change in personnel or duties that relate to our licensed program. There is no change in location, facilities, equipment or procedures of our license. The surveillance program (surveys, wipe tests, quality control) will not change. All records for decommissioning will continue to be maintained by Sanford Clinic.

As there are no changes in our program or management structure, all constraints, conditions, requirements will be preserved as a result of the merger of the parent system.

If there are any question, please contact myself or Kay Schoppers, CNMT, at 605-328-8974.

Sincerely,

Darin Berg,
Director of Clinic Operations,
Management Representative to the Radiation Safety Committee

CC: Fred C. Lovrein, MD
Radiation Safety Officer

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NOV 24 2009

CNMT

11 4 7 2 4 9 9

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Sanford Clinic

License: 40-26865-01

Docket: 030-29708

Mail Control: 472499

Type of Action: Amend

Date of Requested Action: 11/24/09

Reviewer Assigned:

ARM reviewer(s): Torres

Response	Deficiencies Noted During Acceptance Review
	<ul style="list-style-type: none"> [] 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.

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		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Sensitive and Non-Publicly Available if <u>any</u> 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:	<i>[Signature]</i>	Date: 12/4/09

12-16-09

DATE

This is to acknowledge the receipt of your letter/application dated 11-23-09, 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:

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** 472499.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Celien Murnahan

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: 20190630
: Fee Comments: _____
: Decom Fin Assur Req'd: N
: ::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: SANFORD CLINIC
Received Date: 20091124
Docket No: 3029708
Control No.: 472499
License No.: 40-26865-01
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.: /

3. COMMENTS

Signed Colleen Munnahan
Date 12-03-09

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 _____