

Fax Cover Sheet

January 25, 2010

To: USNRC Region IV

817-860 8263

**From: Dan Leddy, Regional Radiation Safety Officer
Digirad Imaging Solutions, Inc.**

Re: - RAM License 40-29283-01

**Total pages -- 3
(incl. cover)**

RECEIVED

JAN 25 2010

DNMS

Daniel Leddy
Digirad Imaging Solutions, Inc.
3084 Emrick Blvd
Bethlehem, PA 18020

DIGIRAD
IMAGING SOLUTIONS

January 25, 2010

U.S. Nuclear Regulatory Commission, Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, TX 76011-4005

Fax – 817-860-8263

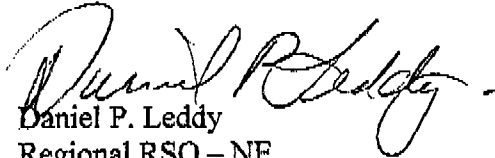
Re: Amendment for License No. 40-29283-01

To Whom It May Concern:

Please amend our radioactive material license to delete Joel S. Raichlen, M.D. as an Authorized User. Dr Raichlen is no longer involved with our program. My records show the attached letter signed by Traci Hollingshead, our RSO for this license, was faxed on 10/23/09. Perhaps it was not received by the fax machine at the NRC office.

Thank you for your attention to this matter.

Sincerely,


Daniel P. Leddy
Regional RSO – NE
Digirad Imaging Solutions, Inc.

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DIGIRAD
IMAGING SOLUTIONS

Traci Hollingshead
Vice President - Radiation Safety
Digirad, Inc.
7111 West Panama
Sioux Falls, SD 57106

October 19, 2009

U.S. Nuclear Regulatory Commission, Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, TX 76011-4005

Fax – 817-860-8263

Re: Amendment for License No. 40-29283-01

To Whom It May Concern:

Please amend our radioactive material license to delete Joel S. Raichlen, M.D. as an Authorized User. Dr Raichlen is no longer involved with our program.

Thank you for your attention to this matter.

Sincerely,

Traci Hollingshead

Traci Hollingshead

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JAN 25 2010

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FEB 26 2010

This is to acknowledge the receipt of your letter/application dated
1-25-2010 and to inform you that the initial processing,
which includes an administrative review, has been performed.

DATE

☒ 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 — 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** 472575.
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:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

: Program Code: 02220
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20180430
: Fee Comments:
: Decom Fin Assur Req'd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: DIGIRAD IMAGING SOLUTIONS, INC.
Received Date: 20100125
Docket No: 3037605
Control No.: 472575
License No.: 40-29283-01
Action Type: Notifications

2. FEE ATTACHED

Amount: _____
Check No.: /

3. COMMENTS

Signed Colleen Murnahan
Date 9-23-2010

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 _____