

St. Joseph Medical Park  
1475 Kisker Rd  
St. Charles, MO 63304

August 31, 2010

Materials Licensing Section  
U. S. Nuclear Regulatory Commission  
Region III  
2443 Warrenville Road STE 210  
Lisle, Illinois 60532-4352

Lic. No. 24-32331-01

Re: **Transfer of Control**

Dear Mr. Reichhold,

Thank you for your letter dated July 27, 2009 which provided consent for a transfer of ownership of Missouri Imaging Affiliates, LLC, d/b/a Clinical PET of St. Charles County, located at 1475 Kisker Road, St. Charles, MO to SSM at St. Joseph Medical Park also located at the same address and in the same building.

This correspondence confirms that the transaction took place on August 17, 2009. At this time we would request a license amendment to change the name on the current license to SSM Imaging. The address remains the same: 1475 Kisker Road, Suite 145, St. Peters, MO, 63304. A draft of this letter was created on Sept 1, 2009 and it was the understanding of these parties that it was signed and delivered to you. It has recently been brought to our attention that you did not receive this correspondence. Therefore, the date has been adjusted to reflect this current request.

The six items of information required by NUREG 1556, Vol 15 Appendix F for change of ownership and control are provided below:

**1. Complete description of the transaction:** The transaction is best described as a transfer of assets to SSM. However, the current owner/operator "Clinical Pet of St. Charles" will continue to manage the practice. This will provide continuity moving forward. The new name will be "SSM Imaging".

**2. Describe any changes in personnel or duties:** There will be no changes in personnel for the PET center. All current employees are being retained by SSM St. Joseph Medical Park and will continue in their current job scope. The Radiation Safety Officer and Authorized Users will also remain the same. As mentioned above the current owner/operator will continue to manage the facility.

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**3. Describe any changes in the organization, location, facilities, equipment or procedures:** There will be no changes in the organization (other than ownership), no changes in location, facilities, equipment or procedures. This is an ownership change only.

**4. Describe the status of the surveillance program (surveys, wipe tests, quality control):** A surveillance program was implemented to attain the NRC license initially and is in place currently. The same surveillance program will be continued with the ownership change.

**5. Confirmation of records:** All records of the facility will be transferred to the transferee or to NRC, as appropriate. These records include documentation of surveys of ambient radiation levels and fixed and/or removable contamination, including methods and sensitivity.

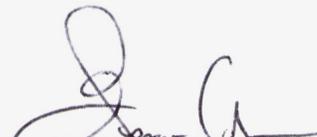
**6. Confirmation of license commitments:** The transferee will abide by all constraints, conditions, requirements and commitments of the transferor.

If you have any questions over this information please feel free to call Debra Zoeller, Director, Ambulatory Imaging. Her contact number is 314-989-2335.

Thank you again for your consideration in this matter.

Sincerely,

  
\_\_\_\_\_  
Steven McRae, Manager  
Missouri Imaging Affiliates, LLC

  
\_\_\_\_\_  
Gaspare Calvaruso, President  
SSM Health Center St. Joseph Health Center

 **SSM Health Care**<sup>SM</sup>

**ST. LOUIS**

1173 Corporate Lake Drive  
St. Louis, Missouri 63132-1716

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