

**Sanford Clinic Nuclear Medicine**

Phone: (605) 328-8970 • Fax (605) 328-8972 • 1205 S. Grange Avenue, Suite 401 • Sioux Falls, South Dakota 57105

FAX COVER LETTERNumber of pages: 2 (including this cover letter).To: Roberto Torres Date: 12-23-10Company: U.S. NRCTelephone Number: _____ Fax Number: 817-860-8263From: Kay Schoppers ph 605 328-8974

Comments: _____

Notification letter**RECEIVED**

DEC 27 2010

DNMS

Faxed by: _____ Time Sent: _____

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

December 21, 2010

Sanford Clinic
Nuclear Medicine
1205 S. Grange Ave., Ste 401
Sioux Falls, SD 57105

Via FAX: 817-860-8263

U. S. Nuclear Regulatory Commission, Region IV
Nuclear Material Safety Branch B
Attn: Roberto J. Torres
612 E. Lamar Blvd., Suite #400
Arlington, TX 76011-4125

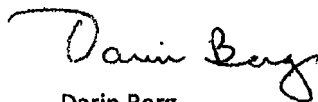
RE: License #40-26865-01 (Docket #030-29708)

Dear Mr. Torres:

We would like to file the following notification pertaining to our NRC Material License #40-26865-01 (Docket #030-29708). The board of Sanford Health-Meritcare has announced the approval to change the parent corporation name to Sanford Health. This change is for the parent corporation. This change does not change the name of our NRC license nor does it constitute a change of control of our license. The name on the license remains Sanford Clinic. The organizational chart of Sanford Clinic remains the same. There is no change in personal or duties that relate to our licensed program. The surveillance program does not change. All records for decommissioning will be maintained by this license.

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

Sincerely,



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

RECEIVED

DEC 27 2010

DNMS

Cc: Fred C. Lovrien, M.D.
Radiation Safety Officer

This is to acknowledge the receipt of your letter/application dated
12-21-2010, and to inform you that the initial processing,
which includes an administrative review, has been performed.

1-11-2011
DATE

☒ 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** 574194.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Cecilia Murnahan

Licensing Assistant

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM LTS

Program Code: 02120
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date:
Fee Comments:
Decom Fin Assur Req: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: SANFORD CLINIC
Received Date: 01/04/2011
Docket Number: 3029708
Mail Control Number: 574194
License Number: 40-26865-01
Action Type: Notifications

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Colleen Munnahan

Date: _____

1-04-2011

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: _____