

SARA A.B. FORSTER  
MATERIALS LICENSING BRANCH

TELECON & FAX TRANSMITTAL



NUCLEAR REGULATORY COMMISSION  
REGION III  
2443 WARRENVILLE ROAD  
LISLE, ILLINOIS 60532-4351  
(630) 829-9892 FAX: (630) 515-1078

TO: File

COMPANY: N/A, see below

# PAGES: N/A TEL. : N/A

FAX #: N/A

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**CONVERSATION RECORD**

	TIME	DATE
	8:00 am	5/10/2011
NAME OF PERSON(S) CONTACTED	TELEPHONE NO.	ORGANIZATION
Karen Bronsman	(816) 698-7130	Centerpoint Medical Center of Independence,
Linda Dunaway	(816) 698-7130	LLC d/b/a Centerpoint Medical Center
REPRESENTED PERSON or PERSONS		ORGANIZATION
Robert F. Thompson, M.D., Radiation Safety Officer		Centerpoint Medical Center of Independence, LLC d/b/a Centerpoint Medical Center
SUBJECT		
License No.: 24-18655-01		Control No.: 574557

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**SUMMARY**

We have conducted the review your license amendment request and find that we are unable to continue this action until we have received information regarding the following:

1. The application was silent as to whether PET is being used at this facility. If PET is being used, additional shielding calculations may be required.  
**RESPONSE:** Per our discussion, the licensee confirmed that no PET is being used at the licensed facilities. The person contacted indicated that there are plans to contract with a licensed mobile medical provider using PET, in the near future. No additional information is required at this time.
2. The location of use on the license application is limited to 19600 East 39<sup>th</sup> street. However, some of the diagrams enclosed appear to correlate with the 19550 building. Please clarify the situation regarding the locations of use.  
**RESPONSE:** Per our discussion, the licensee confirmed that 19550 East 39<sup>th</sup> Street is still a Location of Use. The diagrams conveying the Outpatient Nuclear Medicine Department correlate directly to that address. Room numbers listed in the renewal application accurately reflect the hospital's numbering system; the diagrams submitted as attachments to letters dated February 13, 2006, and January 22, 2007, no longer apply. However, these letters do correlate directly to the diagrams submitted in the most recent renewal application. It is acceptable to remove these letters from the tie-down condition, as requested. No additional information is required at this time.

We have requested that you submit any additional information via facsimile, to (630) 515-1078. Please reference the Control No. 574557, as listed at the top of this memo. No further information is required.

**For future reference, please always include the name, phone number and fax number of at least one person whom we may contact for additional information when reviewing your licensing correspondence and requests.**

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No further information is required at this time.

Please direct any questions you have to me at (630) 829-9892 or [sara.forster@nrc.gov](mailto:sara.forster@nrc.gov).

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NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

Sara A.B. Forster

*Sara A.B. Forster*

05/10/2011

*J. Brunner 5/11/11*