



July 7, 2011

U.S. Nuclear Regulatory Commission
Region III
2443 Warranville Road, Ste 210
Lisle, IL 60532-4352
ATTN: Toye Simmons

Re: NRC License 13-188879-01

Dear Ms. Simmons:

Enclosed are the items that you requested.

1. Copy of the disposal record of the last source of our old HDR unit (GamaMed 12iT).
The source company at that time (contracted by Varian) was MDS Nordion.
2. Dr. Chester Wilson is still active under our license.
3. We do not have an in-house PAT scanner.

If you have any question please contact me at (574) 523-7857. (I will be away from my office from July 8 to July 19).

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Steven Leung'.

S. Steven Leung, Ph.D.
Radiation Safety Officer

Jul. 7. 2011 3:42PM

ROC

No.9987 P. 3

Oct. 21. 2003 1:26PM


RADIATION ONCOLOGY

No.9848 P. 2

MDS Nordion

Science Advancing Health

THIS IS NOT AN INVOICE
INVOICING WILL FOLLOW IF REQUIRED
AND WILL REFERENCE THIS SERVICE RECORD NUMBER
WARRANTY 30 DAYS PARTS AND LABORTherapy Systems
SERVICE RECORD

CUSTOMER ORDER NO.		PROJECT NO.		SERIES	SERVICE RECORD NO.		
				2001	001908		
START DATE	TIME	COMPLETE DATE	TIME	MODEL & SERIAL NO.		CALL NO.	
5-24-01		5-24-01		GAMMAHED 12IT 217			
SERVICE REQUESTED				CLINIC: ELKHART GENERAL HOSPITAL			
PACK 12IT FOR SHIPMENT TO KANATA (PART OF GAMMAHED PLUS UPGRADE)				STREET: 600 EAST BLVD			
				CITY: ELKHART		STATE: IN	
				COUNTRY: USA		ZIP: 46514	
SERVICE PERFORMED				CONTACT: EARETH WILLIAMS			
REMOVED SOURCE FROM MACHINE				DEPT: RADIATION ONCOLOGY			
				PHONE: 217-523-3196			
				FAX:			
				EMAIL:			
				HOURS	STD	OT	
				LABOR			
				TRAVEL			
				TRAVEL EXPENSES			
				PHONE SUPPORT			
				SERVICE CONTRACT			
				BILLED SERVICE			
				WARRANTY			
				SOURCE CHANGE			
RECOMMENDATIONS				RE-INSTALLATION		<input checked="" type="checkbox"/>	
				CALL BACK			
				TRAINING			
				OTHER:			
FOLLOW UP				<div style="text-align: right;">CE 0120</div> 			
CODES	1	2	3	4	5	6	
1							
2							
PART NUMBER	DESCRIPTION			UNIT PRICE	QTY	UM	AMOUNT
ZK004070	KIT, SWIPE TEST EMED				1		
ACCEPTED BY: (PRINT NAME)		SIGNATURE		SERVICE REP. (PRINT NAME)		SIGNATURE	
JARETH WILLIAMS		Jareth Williams		GARRY NIXON		Garry Nixon	
						EMPLOYEE NO. 1607	



Patient Information
Telecopier Transmittal Cover Sheet

Today's Date: 7-7-2011 # of Pages (Including Cover Sheet): 3

Sent To: Toye Simmons, NRC Region III

Facsimile Number: 630-515-1078

Sent By: Steve Lunny

Sender's Department: ROC

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You may not disclose any of this information to any other party without first obtaining the patient's consent or a proper judicial order.*

CAUTION

CONTACT THE SENDER AT THE NUMBER PROVIDED BELOW IF THERE ARE
ANY QUESTIONS CONCERNING:

- ☐ CLARITY OF INFORMATION
- ☐ RECEIVED LESS THAN STATED NUMBER OF PAGES INDICATED
- ☐ TRANSMISSION ERROR OCCURRED

Senders Phone Number: (574) 523-7857

Senders Fax Number: (574) 523-7856

MESSAGE:

As requested

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Elkhart General Hospital
P.O. Box 1329
Elkhart IN 46515
574-294-2621