

<p><b>NRC FORM 314</b> (05-2012) 10 CFR 20.2001, 20.2002, 20.2003, 20.2004, 20.2005, 20.2006, 20.2007, 20.2008, 20.2009, 20.2010</p>	<p><b>U.S. NUCLEAR REGULATORY COMMISSION</b></p>	<p><b>APPROVED BY OMB: NO. 3160-0020</b>      <b>EXPIRES: 10/31/2013</b></p> <p><small>Estimated burden per response to comply with this mandatory collection request: 30 minutes. This material is used by NRC as part of the basis for its determination that the facility is subject to unrestricted use. Send comments regarding burden estimate to the Information Services Branch (T-1 PCB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to <a href="mailto:infocosts.Resource@nrc.gov">infocosts.Resource@nrc.gov</a>, and to the Desk Officer, Office of Information and Regulatory Affairs, NE03-1022, (3160-0020), Office of Management and Budget, Washington, DC 20503. If a space used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.</small></p>				
<p><b>CERTIFICATE OF DISPOSITION OF MATERIALS</b></p>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><b>LICENSE NUMBER</b> 24-32304-01</td> <td style="width:50%;"><b>DOCKET NUMBER</b> 090-35650</td> </tr> <tr> <td colspan="2"><b>LICENSE EXPIRATION DATE</b> September 30, 2021</td> </tr> </table>	<b>LICENSE NUMBER</b> 24-32304-01	<b>DOCKET NUMBER</b> 090-35650	<b>LICENSE EXPIRATION DATE</b> September 30, 2021	
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<b>LICENSE EXPIRATION DATE</b> September 30, 2021						
<p><b>LICENSEE NAME AND ADDRESS</b></p> <p>Patients First Health Care, LLC 901 Patients Drive, Washington, MO 63090 *See attached sheet for additional addresses associated with this license.</p>						
<p style="text-align: center;"><b>A. LICENSE STATUS (Check the appropriate box)</b></p> <p><input type="checkbox"/> This license has expired.      <input checked="" type="checkbox"/> This license has not yet expired; please terminate it.</p>						
<p style="text-align: center;"><b>B. DISPOSAL OF RADIOACTIVE MATERIAL</b> <i>(Check the appropriate boxes and complete as necessary. If additional space is needed, provide attachments)</i></p> <p>The licensee, or any individual executing this certificate on behalf of the licensee, certifies that:</p> <p><input type="checkbox"/> 1. No radioactive materials have ever been procured or possessed by the licensee under this license.</p> <p><input type="checkbox"/> 2. All activities authorized by this license have ceased, and all radioactive materials procured and/or possessed by the licensee under this license number cited above have been disposed of in the following manner:</p> <p><input checked="" type="checkbox"/> a. Transfer of radioactive materials to the licensee listed below: See attached.</p> <p><input type="checkbox"/> b. Disposal of radioactive materials:</p> <p style="margin-left: 20px;"><input type="checkbox"/> 1. Directly by the licensee:</p> <p style="margin-left: 40px;"><input type="checkbox"/> 2. By licensed disposal site:</p> <p style="margin-left: 40px;"><input type="checkbox"/> 3. By waste contractor:</p> <p><input type="checkbox"/> c. All radioactive materials have been removed such that any remaining residual radioactivity is within the limits of 10 CFR Part 20, Subpart E, and is ALARA.</p>						
<p style="text-align: center;"><b>G. SURVEYS PERFORMED AND REPORTED</b></p> <p><input type="checkbox"/> 1. A radiation survey was conducted by the licensee. The survey confirms:</p> <p style="margin-left: 20px;"><input type="checkbox"/> a. the absence of licensed radioactive materials</p> <p style="margin-left: 20px;"><input type="checkbox"/> b. that any remaining residual radioactivity is within the limits of 10 CFR 20, Subpart E, and is ALARA.</p> <p><input type="checkbox"/> 2. A copy of the radiation survey results:</p> <p style="margin-left: 20px;"><input type="checkbox"/> a. is attached; or <input type="checkbox"/> b. is not attached (Provide explanation); or <input type="checkbox"/> c. was forwarded to NRC on: _____ Date</p> <p><input type="checkbox"/> 3. A radiation survey is not required as only sealed sources were ever possessed under this license, and</p> <p style="margin-left: 20px;"><input type="checkbox"/> a. The results of the intact leak test are attached; and/or <input type="checkbox"/> b. No leaking sources have ever been identified.</p>						
<p><b>The person to be contacted regarding the information provided on this form:</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"><b>NAME</b> Mary Laubinger</td> <td style="width:30%;"><b>TIME</b> Director Clinical Services</td> <td style="width:20%;"><b>TELEPHONE (Include Area Code)</b> 636-231-3722</td> <td style="width:20%;"><b>E-MAIL ADDRESS</b> marylaubinger@patientsfirsthc.com</td> </tr> </table> <p><small>Mail all future correspondence regarding this license to:</small> Mr. Robert Turco, PhD, Radiation Safety Officer, Mercy Hospital St. Louis, 615 S. New Ballas Rd., St. Louis, MO 63141</p>			<b>NAME</b> Mary Laubinger	<b>TIME</b> Director Clinical Services	<b>TELEPHONE (Include Area Code)</b> 636-231-3722	<b>E-MAIL ADDRESS</b> marylaubinger@patientsfirsthc.com
<b>NAME</b> Mary Laubinger	<b>TIME</b> Director Clinical Services	<b>TELEPHONE (Include Area Code)</b> 636-231-3722	<b>E-MAIL ADDRESS</b> marylaubinger@patientsfirsthc.com			
<p><b>C. CERTIFYING OFFICIAL</b></p> <p><b>I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;"><b>PRINTED NAME AND TITLE</b> Mary Laubinger, Director of Clinical Services</td> <td style="width:40%;"><b>SIGNATURE</b> <i>Mary Laubinger</i></td> <td style="width:20%;"><b>DATE</b> 6/27/12</td> </tr> </table>			<b>PRINTED NAME AND TITLE</b> Mary Laubinger, Director of Clinical Services	<b>SIGNATURE</b> <i>Mary Laubinger</i>	<b>DATE</b> 6/27/12	
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<p><b>WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECT. 18 U.S.C. SECTION 1001 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.</b></p>						

Patient First Health Care, LLC  
License Number 24-32304-01  
Docket Number 030-35650  
Expiration Date: September 30, 2021

**Additional locations subject to License for which Mercy Hospitals East Communities d/b/a Mercy Hospital St. Louis will take ownership on July 1, 2012:**

101 Progress Parkway  
Sullivan, Missouri 63080

12855 North Forty Drive, Suite 280  
Creve Coeur, Missouri 63141

3844 South Lindbergh Blvd, Suite 160  
Sunset Hills, Missouri 63127

**Answer 2.a:**

As of July 1, 2012 Mercy Hospitals East Communities d/b/a Mercy Hospital St. Louis (License # 24-00794-03) will take ownership of the facilities. Robert Turco, PhD, Radiation Safety Officer for the recipient may be contacted at 314.251.6657.

# Fax

# Mercy<sup>+</sup>

**To:** Toye Simmons **From:** Melissa Jackson (Tel: 314.628.3524)

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**Fax:** 630-515-1078 **Pages:** 3 including cover

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**Phone:** 630-829-9500 **Date:** June 28, 2012

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**Re:** Asset Transfer of Nuclear Imaging Facilities  
from Patients First Health Care, LLC  
24-32304-01  
to Mercy Hospitals East Communities d/b/a/  
Mercy Hospital St. Louis  
24-00794-03 **cc:**

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Urgent     For Review     Please Comment     Please Reply     Please Recycle

• **Comments:**

VIA FACSIMILE AND  
E-MAIL: toye.simmons@nrc.gov

Ms. Simmons – As a follow up to our conversation yesterday, please find a completed Form 314 executed by Patients First Health Care, LLC

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**CONFIDENTIAL TRANSMISSION**

This message and any attached documents contain information from Mercy Health / Mercy Health East Communities (f/k/a St. John's Mercy Health Care), which is confidential and may be attorney-client privileged and/or attorney work product communication. This information is intended only for the use of the recipient named in this Fax cover page. If you are not the intended recipient, note that any disclosure, distribution, photocopying or use of the contents of this transmission is prohibited. If you are not the intended recipient and/or have received this transmission in error, please notify the sender immediately at 314.628.3524. Thank you.