

November 8, 2012

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DNMS

Jacqueline D. Cook, Senior Health Physicist
Nuclear Materials Safety Branch B
United States Nuclear Regulatory Commission Region IV
1600 East Lamar Boulevard
Arlington, Texas 76011-4511

Subject: Application for license amendment removing GliaSite system and associated materials and Authorized Users from license
Kaiser Foundation Hospitals, NRC License No. 53-05379-01 ("NRC License")
Kaiser Foundation Hospitals, State of Hawaii Radiation Facility License H0026 ("DOH License")

Dear Ms. Cook:

Please remove the following from the referenced license as the GliaSite system is no longer in use at Kaiser Foundation Hospital:

Item 6.D. Iodine-125 permitted by 10 CFR 35.1000

Item 9.D For use in the Proxima Therapeutics' Gliasite Radiation therapy system permitted by 10 CFR 35.1000

Drs. Vincent Brown, Paul DeMare, Thanh Huynh, and Christina Liu as users authorized under 35.1000 (I-125 in Gliasite radiation therapy system)

Currently, there is no Iodine-125 for use under 10 CFR 35.1000 located at this hospital.

In addition, please remove Dr. David Kho from the license (authorized user under 35.100, 35.200, and oral administration of sodium iodine 131). He no longer practices at this hospital.

Should you have any questions, please do not hesitate to contact Harry Palmer at (808)432-5100 or through Mr. Palmer's cellular phone at (808) 226-1961.

PUBLIC

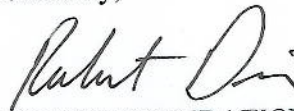
- Immediate Release
- Normal Release

NON-PUBLIC

- A.3 Sensitive-Security Related
- A.7 Sensitive Internal
- Other: _____

Reviewer: MS Date: 11/26/12

Sincerely,



KAISER FOUNDATION HOSPITAL

Robert Diaz
Director of Diagnostic Imaging
Hawaii Region

Kaiser Foundation Hospital
3288 Moanalua Road
Honolulu, Hawaii 96819
Diagnostic Imaging Dept.

Address Service Requested



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ADDRESS SERVICE
REQUESTED

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FIRST CLASS



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PAID PERMIT NO. 1000 HONOLULU HI
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NOV 19 2012

JACTSMP 76011



L 579432



DATE
11/26/2012

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

Kaiser Foundation Hospital
ATTN: Harry Palmer, M.C.E., Radiation Safety Officer
Diagnostic Imaging Department
3288 Moanalua Road
Honolulu, HI 96819

LICENSE NUMBER

53-05379-01

MAIL CONTROL NUMBER

579432

LICENSING AND/OR TECHNICAL REVIEWER

ch

This is to acknowledge the receipt of your:

LETTER and/or APPLICATION DATED: 11/08/2012

The initial processing, which included an administrative review, has been performed.

AMENDMENT TERMINATION NEW LICENSE RENEWAL

- There were no administrative omissions identified during our initial review.
- This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.
- Your application for a new NRC license did not include your taxpayer identification number. Please fill out NRC Form 531, located at the following link:

<http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>

Send the completed NRC Form 531, by facsimile, to the following number: (301) 415-5387

A copy of your action has been emailed to our License Fee and Accounts Receivable Branch, in our Headquarters office in Rockville, MD. You will be contacted separately if there is a fee issue involved.

Your application has been assigned the above listed **MAIL CONTROL NUMBER**. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

Region IV
U. S. Nuclear Regulatory Commission
DNMS/NMSB - B
1600 E. Lamar Boulevard
Arlington, TX 76011-4511
(817) 200-1103 or (817) 200-1140

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARP B USE]
INFORMATION FROM WBL

Program Code: 02240
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date: 04/30/2015
Fee Comments: CODE 23
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: KAISER FOUNDATION HOSPITAL
Received Date: 11/19/2012
Docket Number: 3003546
Mail Control Number: 579432
License Number: 53-05379-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Colleen Murnahan

Date: _____

11-21-2012

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: _____