



Banner Health

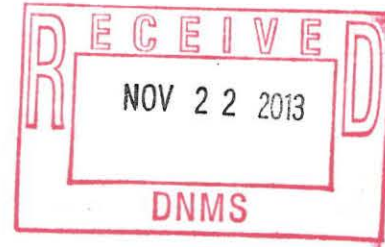
Denali Center

Fairbanks Memorial Hospital

1650 Cowles Street
Fairbanks, AK 99701
Phone 907-452-8181
Fax 907-458-5324
www.fmhdc.com

November 11, 2013

Nuclear Materials Licensing Branch
United States Nuclear Regulatory Commission
Region IV
Nuclear Materials Safety Branch
611 Ryan Plaza Drive, Suite 400
Arlington, Texas 76011-4005



Re: Notification for License 50-13648-01

Dear Sir or Madam:

In accordance with 10 CFR 35.14: We wish to eliminate the following authorized user from our license:

- Jedidiah Malan M.D. who is currently listed as an authorized user for 10 CFR 35.100; 35.200; Oral administration of sodium iodide iodine – 131 in quantities less than or equal to 33 millicuries.

If you require additional information, please call (907)-458-6914

Sincerely,

Mark Burton, M.D.
Radiation Safety Officer

PUBLIC

- Immediate Release
- Normal Release

NON-PUBLIC

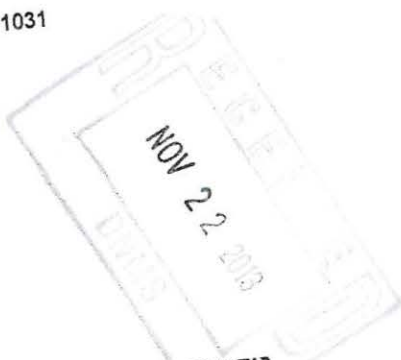
- A.3 Sensitive-Security Related
- A.7 Sensitive Internal
- Other: _____

Reviewer: RIT Date: 12-2-13

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TRK#: 1ZF4631000- 1031
RCVD: 11/22/2013

TO: HILL, Carol
PH:
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FAIRBANK



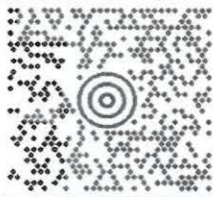
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UPS 2ND DAY AIR

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BILLING: P/P

Department Number: 2500/1123100

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DATE
11/26/2013

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE

Fairbanks Memorial Hospital
ATTN: Mark Burton, M.D.
Radiation Safety Officer
1650 Cowles Street
Fairbanks, Alaska 99701

LICENSE NUMBER

50-13648-01

MAIL CONTROL NUMBER

582519

LICENSING AND/OR TECHNICAL REVIEWER

ch

This is to acknowledge the receipt of your:

LETTER and/or APPLICATION DATED: 11/11/2013

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

✓ 11/27

BETWEEN:
Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 02120
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date: 12/31/2011
Fee Comments: CODE 23
Decom Fin Assur Req: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: FAIRBANKS MEMORIAL HOSPITAL
Received Date: 11/22/2013
Docket Number: 3003509
Mail Control Number: 582519
License Number: 50-13648-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Date: _____

Carol R. Heise
11/26/13

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: _____