



**Charleston Area
Medical Center**

Branch 1

MEDICAL IMAGING

3200 MacCorkle Ave. SE
Charleston, WV 25304
(304) 388-5474
Fax: (304) 388-8922

03/28/2014

**U.S. NRC Region I DNMS
2100 Renaissance Blvd.
King of Prussia, PA 19406**

03009164

Re: Amendment request License #47-15473-01

Sirs

Please amend the above referenced license as follows:

1. a. Please add the following NRC licensed location to Item 10 of the above referenced license where licensed material may be used or stored.
(see attached NRC license and termination letter dated 3/28/2014)

NRC license #47-23070-01
CAMC Teays Valley Hospital
1400 Hospital Drive
Hurricane, West Virginia 25526

- b. Please do not add James T. Smith, M.D. or Tyrone L. Daniels, M.D. to the list of authorized users on NRC license #47-15473-01.
2. Please remove the following authorized users from **NRC license #47-15473**.
 - a. Johnsey Leef, M.D.
 - b. Mary H. McJunkin, M.D.
 - c. John Reifsteck, M.D.
 - d. Ronald Cordell, M.D.

If there are any questions regarding this amendment please feel free to contact me at the telephone numbers provided below or you may e-mail your questions to me at kim.lowe@camc.org.

Sincerely,

Kim Lowe, Pharm.D., BCNP, Assistant RSO
Charleston Area Medical Center
3200 MacCorkle Avenue, SE
Charleston, WV 25304
(304) 388-9295 office
(304) 549-0147 mobile

C.E. Arthur, Associate Administrator
Charleston Area Medical Center
3200 MacCorkle Avenue, SE
Charleston, WV 25304
(304) 388-5390

583629
NMSS/IRGN MATERIALS-002



REC RG 104 02 14 PM 10:10

This is to acknowledge the receipt of your letter/application dated

3/28/14, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment (47-15473-01)
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 583629.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.