NRC FORM 699	U.S. NUCLEAR REGUL	ATORY COMMISSION	DATE OF SIGNATURE
			11/25/14
NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU		DATE OF CONTACT	TYPE OF CONVERSATION
Frank Galesky - Radiation Safety Officer		11/18/2014	E-MAIL
E-MAIL ADDRESS		TELEPHONE NUMBER	
Not applicable		(312) 823-7200	
ORGANIZATION	DOCKET NUMBER(S)		
Franciscan/St. James Hospital - Illinois licensee			
LICENSE NUMBER(S) CONTROL NUMBER(S))	
SUBJECT			
Authorization for Dr. Michael Wilczyski			
SUMMARY			
35.200 (imaging and localization) and 35.500 (sealed sources 1 (Chicago) Hospital and they did not have Dr. Wilczyski listed scope license. I left a message with Dr. Lu in nuclear medicine never returned my call.	as an authorized user on	the license. They ap	pear to have a broad
ACTION REQUIRED (IF ANY)			
Information only			
Continue on Page 3			
NAME OF PERSON DOCUMENTING CONVERSATION			
William P. Reichhold			
William P. Reichhold			