



**UNITED STATES
NUCLEAR REGULATORY COMMISSION**

REGION III
2443 WARRENVILLE RD. SUITE 210
LISLE, IL 60532-4352

August 15, 2016

Laura T. Smith, M.S., DABR
Radiation Safety Officer
St. John Hospital & Medical Center
ATTN: Nuclear Medicine
22101 Moross Road
Detroit, MI 48236-2172

Dear Ms. Smith:

In the letter dated July 10, 2016, you requested to add a Macomb, Michigan location of use to your NRC License No. 21-03210-01. In your letter, you indicated that the location being added is currently listed on the radioactive materials license for Romeo Plank Diagnostic Center, NRC License No. 21-26338-01. Please note that we cannot add a location of use listed on another NRC license prior to receipt of all Information Needed for Transfer of Control and final materials disposition information for that other license. To date, such information has been requested from Romeo Plank Diagnostic Center, NRC License No. 21-26338-01, but has not yet been received.

Concerning the location of use to be listed on your NRC License No. 21-03210-01, additional information is needed to complete our review of that location as follows:

- 1. Please list the full address, including the suite number, of the Macomb, Michigan location of use to be listed on the license. (The NRC has identified a discrepancy between the July 10, 2016 letter and the most recent Amendment No. 14 to NRC License No. 21-26338-01.) Please indicate the authorized uses (e.g. 10 CFR 35.100, 35.200, etc.) to be listed on the license, and whether any PET radionuclides will be used at the requested location of use.**
- 2. Please submit a diagram of the requested Macomb, Michigan location of use, drawn to the scale of 8 ½ by 11 inches. The diagram should show details for the nuclear medicine suite, including locations of any sinks, waste areas, and exhaust hoods. The hot lab should be clearly indicated on the diagram, and be free of superfluous architectural markings, unrelated to radioactive materials use concerns. It also should show what is above, below, and adjacent to the area(s) of use.**

L. Smith

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Please provide a written response to this letter by August 29, 2016. Your response should be dated and signed by authorized personnel. You may submit your response via facsimile to my attention at (630) 515-1078. Include the reference control number 591619 with your response. We will resume our review once we receive your response. If you have any questions, please do not hesitate to contact me at 630-829-9892 or sara.forster@nrc.gov.

Sincerely,

A handwritten signature in black ink that reads "Sara A. Forster". The signature is written in a cursive style with a large initial 'S'.

Sara A. Forster, M.S.
Health Physicist
Materials Licensing Branch

License No. 21-03210-01
Docket No. 030-02028

Forster, Sara

From: Forster, Sara
Sent: Monday, August 15, 2016 12:21 PM
To: Smith, Laura T. Smith (Laura.Smith2@stjohn.org); 'lsphysics@att.net'
Subject: Additional Information request for St. John Hospital & Medical Center, NRC License No. 21-03210-01, CN591619
Attachments: 02230.591619.21-03210-01 RFAI telecon signed.pdf

Dear Ms. Smith:

Please see the attached file for additional information needed to complete the review of the recent amendment request concerning the above referenced applicant. Note that the attached letter requests additional information on or before close of business on August 29, 2016. Note that the additional information must be submitted via a dated letter signed a duly authorized management official. Additional guidance may be found in NUREG 1556, Vol. 9, Rev. 2, "Program Program-Specific Guidance About Medical Use Licenses;" which may be found at:

<http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/v9/r2/>

Submission of your response as a pdf file attached to an email or via facsimile will allow for the quickest processing. Do not hesitate to call me with any questions you may have. Please also send a quick email when you receive this message, to confirm receipt.

Sincerely yours,

Sara A. Forster, Health Physicist Licensing Reviewer
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