

VOID SHEET

TO: License Fee Management Branch

FROM: REGION I

SUBJECT: VOIDED APPLICATION

Control Number: 116081

Applicant: MEDICAL CTR. OF DELAWARE

Date Voided: 3/2/92

Reason for Void: ACTION REQUESTED ALREADY INCORPORATED
UNDER RENEWAL CONTROL NO. 113807 FOR
LICENSE 07-12153-03 (030-17578).
BEFORE REVIEW.

M.A. Perkins 3/2/92
Signature Date

Attachment:
Official Record Copy of
Voided Action

FOR LFMB USE ONLY

Final Review of VOID Completed:
 Refund Authorized and processed
 No Refund Due
 Fee Exempt or Fee Not Required

Comments: _____

Log completed
Processed by: [Signature]

100160

9405250263 920302
PDR ADOCK 03017578
C PDR

302 733 1432

JAN 29 '92 04:30PM RADIATION ONCOLOGY

P.1/3



Letter sent again to J. Jostre 1/20/92

Christiana Hospital

Reply To:

030-17578

MEDICAL CENTER OF DELAWARE

4715 Ogletown-Stanton Road
P.O. Box 0001
Newark, Delaware 19718
302-733-1830

Department of Radiation Oncology
Carlo A. Cuccia, M.D., F.A.C.R.
Ekkehard S. Schubert, M.D., F.A.C.R.
Donald C. Tilton, D.O.
Vivron Donovanik, M.D.
Diplomates
American Board of Radiology
Edward Torvik, Sc.D.
Joseph A. Rose, B.S.E.E.

November 25, 1991

License No. 07-12153-03

NRC Region 1
475 Allendale Road
King of Prussia, Pa.
19406

Dear Sir:

We would like to amend our NRC Materials License, number above, with the following information:

1. Removal of one THERATRON 80 unit and one Cobalt 60 source from Department of Radiation Oncology. This unit is to be replaced with a Linear Accelerator. Our department now has only two (2) Teletherapy Units. Enclosed find Wipe Test results from same with model and serial numbers along with a Unit and Source Transfer statement from Neutron Products.
2. Dr. Carlo Cuccia's name is to be removed from our license due to his retirement.

Thank you.

PRG	<i>Feb 12</i>
Remitter	<i>To RL for voiding</i>
Check No.	<i>TA</i>
Amount	
Fee Category	<i>TA</i>
Type of Fee	
Date Check Rec'd.	
Fee Completed	<i>2/25/92</i>
By	<i>SK</i>

Sincerely,

[Signature]
Elaine Kirwin, Sec.

EK/ek
Enclosures (2)

116081
1/29/92

OFFICIAL RECORD COPY ML 10

TELE THERAPY UNIT AND SOURCE TRANSFER

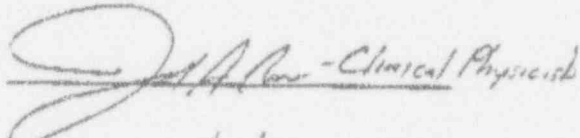
This is to certify that a cobalt-60 source described as follows:

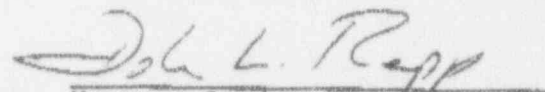
Model Number: NPI-20-9000W
Serial Number: T-1100
Containing 7078 curies as of 11/91

has been determined by a wipe test to be leak free and has been removed from a teletherapy unit described as follows:

Manufacturer: AECL
Model Number: Theratron 80
Serial Number: 234

The above unit and source have been removed and transferred from Medical Center of Delaware's license number to Neutron Products' License MD-31-025-03.


J. A. Carr - Clinical Physicist
DATE: 11/14/91


Dale L. Rapp
Neutron Products, Inc.
DATE: Nov-18-91

DEPARTMENT OF RADIATION ONCOLOGY

WIPE TEST RESULTS

Date: 11/19/82

Mechtronics Scintillation Detector

KV 1.3 KV ΔE 1V @ 10

Gain 512.2 E 340

Fine Volt 100 (Full)

Isotope Tested Co⁶⁰ { 71
71
ETOL

Old Act. of Stand. 1.0 μCi

Decay Const. 0.1792 ~~0.2860/6 mos~~

Pres. Act. of Stand. 0.1792 μCi

11/79
11/81
156 mos
0.1792

Bkg. Counts (1 min.) 17, 13

6, 11

7

Avg. 12 ct

Standard Counts (1 min.)

34297

32551

31961

Avg. 33185 ct

MDA (Counts) = $3 \sqrt{\frac{Bkg}{t}}$ = $3 \sqrt{\frac{12}{1}}$ = 12 Counts

MDA (μCi) = $\frac{(Act. Standard) (MDA Counts)}{Bkg}$ = $\frac{(0.1792 \mu Ci) (12 ct)}{(33086 ct)}$ = 0.00005 μCi

WIPE TEST OF THERATRON II AFTER SOURCE REMOVAL

Best

14
13
10
12

Net Counts

Avg 12 - Bkg 12 = 0 ct

Front Rider bearing

9
11

Avg 11 - Bkg 12 = -1 ct

Rear Rider bearing

14
15
10

Avg 14 - Bkg 12 = 2 ct

all in
MDA of
12 ct
0.00005 μCi

Standard

Bkg

STAND

Standard	Bkg	STAND
12190	0.2023 μCi	25 ct 130000 ct
6121	0.1824	
1021	0.1772	
6132	0.1852	
12132	0.1553	
6123	0.1453	
12123	0.1360	
6124	0.1273	
12124	0.1124	
6125	0.1116	
12125	0.1044	
6126	0.0977	
12126	0.0915	
6127	0.0856	
12127	0.0801	

OFFICIAL RECORD COPY

ML 10

116081

CMD: _____

LMS APPLICATION FORM

920203

DOCKET NO: 03017578 LICENSE NO: 07-12153-03__ FEDERAL GOV'T: N

INSTITUTION CODE: 12153 LICENSE REGION: 1 STATUS: 0
PRIMARY PGM CODE: 02300 EXPIRATION DATE: 19970131

NAME: MEDICAL CTR. OF DELAWARE _____

DEPT/BUREAU: CHRISTIANA HOSPITAL _____

BUILDING: _____

STREET: 501 W. 14TH ST. P.O. BOX.1668__

CITY: WILMINGTON STATE: DE ZIP: 19899 _____

ATTN: EDWARD TORVIK, PHYSICIST _____

MAIL CONTROL NO: 116081 RECEIPT DATE: 920129 ACTION TYPE: 4
(YYMMDD)

PRIORITY PROCESSING FLAG: N

COMPLETE: _ 000 000

Alt-A menu, Alt-H help || LTS || Capture Off || Prn Off || 1:04:01

(FOR LFMS USE)
 INFORMATION FROM LTS

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM
 AND
 REGIONAL LICENSING SECTIONS

: PROGRAM CODE: 02300
 : STATUS CODE: 2
 : FEE CATEGORY: 7A
 : EXP. DATE: ~~19910131~~ 1/31/97
 : FEE COMMENTS: -----
 : DECOM FIN ASSUR REQD: N
 : ::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

To RI for Vandenberg
 Renewal had
 already
 incorporated this
 request into it.
 Sh

1. APPLICATION ATTACHED
 APPLICANT/LICENSEE: MEDICAL CTR. OF DELAWARE
 RECEIVED DATE: 920129
 DOCKET NO.: 3017578
 CONTROL NO.: 116081
 LICENSE NO.: 07-12153-03
 ACTION TYPE: AMENDMENT

VOID 3/2/92

2. FEE ATTACHED
 AMOUNT: -----
 CHECK NO.: -----

3. COMMENTS

SIGNED *M.A. Perkins*
 DATE 2/4/92

B. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED 1)

1. FEE CATEGORY AND AMOUNT: 2A

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:
 AMENDMENT
 RENEWAL -----
 LICENSE -----

3. OTHER -----

SIGNED *Sh*
 DATE 2/25/92