

030 018 48

VOID SHEET

TO: License Fee Management Branch
FROM: RI
SUBJECT: VOIDED APPLICATION

Aug 15
7c
118454

Control Number: 118454

Applicant: Newton-Wellesley Hospital

Date Voided: 9-12-93

Reason for Void: Amendment not needed. Licensee was only submitting a change to their QM program. Before review. 20-02615-01

Rebecca J. Brown 9/12/93
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: After Review/Phone Call

Log completed
Processed by: Linda Mitchell
5-16-94

170107
9405270115 930912
PDR ADOCK 03001848
C PDR

TELEPHONE CONVERSATION RECORD	Date: September 3, 1993	Time: 10:00a.m.
Mail Control No.: 118454	License: 20-02615-01	Docket No.: 030-01848
Person Called: Dr. Robert Lee	Organization: Newton-Wellsley Hospital	Telephone Number: (617) 243-6000
Person Calling: Keith D. Brown		
Subject: Request		
Summary: I called to clarify what the Hospital was requesting. Dr. Lee explained that they were merely submitting a revision to their QM program. They wish only to be able to use the new ⁸⁹ Sr pharmaceutical.		
Action Required/Taken: Void the action		
Signature: <i>Keith D. Brown</i>	Date: <i>9/3/93</i>	



Newton-Wellesley
Hospital

An Affiliate of NeWell Health Care System
2014 Washington Street
Newton, MA 02162
(617) 243-6500

7/29/93

U.S Nuclear Regulatory Commission, Region 1
Nuclear Materials Safety Section B
475 Allendale Road
King of Prussia, Pennsylvania 19406-1415

030-01848
20-02615-01

Attention: Thomas Thompson

Dear Mr. Thompson:

The Newton-Wellesley Hospital wishes to amend its license, (No. 20-02615, 7/31/96), to include all radiopharmaceuticals authorized under 10CFR 35.300. The authorized users shall be those presently listed for 35.300; Robert Lee, M.D., Harold Simon, M.D., and David Carlson, M.D.

The revision to the Quality Management Program to cover all radiopharmaceuticals under 10CFR 35.300 is enclosed.

The check for \$580.00 for the amendment is enclosed. Please call if there are any questions and I shall give them immediate attention.

Sincerely yours,

John Bihldorff
President

cc: RSC File
R. Lee, RSO
M.J Ryan, CNMT
N. Gupta, CHP
D. Gentley, Director of Radiology
K. Platou, Administration

*QMP Revision
Removed.*

Log	Aug 13
Remitter	
Check No.	267501
Amount	\$580.00
Payee	Newton Wellesley Hospital
Date Check Rec'd	7/30/93
Date Completed	
By	

OFFICIAL RECORD COPY ML 10

Postmarked 7/30/93

118454

AUG 03 1993

AUG 27 1993

DIVISION OF ACCOUNTING AND FINANCE
REQUEST FOR REFUND TO EMPLOYEE/VENDOR

THE EMPLOYEE/VENDOR IDENTIFIED BELOW HAS OVERPAID THE NUCLEAR REGULATORY COMMISSION FOR GOODS OR SERVICES PROVIDED AND IS DUE A REFUND.

EMPLOYEE/VENDOR/PAYEE CODE: * _____

NAME: Newton - Wellesley Hospital

ADDRESS: ATTN: Ronald Baitlett

ADDRESS: 2014 Washington Street

CITY: Newton STATE: MA ZIP: 02162

TRANS CODE: PX TRANS TYPE: _____ FUND: _____

JOB CODE: _____ (FOR FE TRANS TYPE) REFUND AMOUNT: \$/20.00

COMMENTS: Lic 20-02615-01 AND FEE

CR 067501 OVRPT
(limit comments to 40 characters, including spaces)

PREPARED BY: _____ DATE: 8/26/93

AUTHORIZED BY: Andrea Kimbrell TITLE: Lic Fee Analyst

OFFICE: OC/DAY/27DCB DATE: 8/26/93

ORIGINAL INVOICE #: _____ DATE PAID: _____ AMOUNT: \$ _____

REFUND ENTERED INTO COLLECT BY: _____

REFUND DETERMINED BY: _____ DATE: _____

PLEASE ATTACH APPROPRIATE SUPPORTING DOCUMENTATION.

* AN ADDRESS MUST BE PROVIDED FOR VENDORS NOT FOUND ON THE VENDOR TABLE.

Aug 15 F
pd \$500
11845X 7C
LTR dtd 7/29/93
ON THE VENDOR
AND FEE IS \$460

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM
AND
REGIONAL LICENSING SECTIONS

: (FOR LFMS USE)
 : INFORMATION FROM LTS
 :

: PROGRAM CODE: 02120
 : STATUS CODE: 0
 : FEE CATEGORY: 7C
 : EXP. DATE: 19960731
 : FEE COMMENTS:

: DECOM FIN ASSUR REQD: N
 :

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

APPLICANT/LICENSEE: NEWTON-WELLESLEY HOSPITAL
 RECEIVED DATE: 930803
 DOCKET NO: 3001848
 CONTROL NO.: 118454
 LICENSE NO.: 20-02615-01
 ACTION TYPE: AMENDMENT

2. FEE ATTACHED

AMOUNT: \$ 580.00
 CHECK NO.: 067501

3. COMMENTS

SIGNED Brown R. J.
 DATE 3/5/93

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

1. FEE CATEGORY AND AMOUNT: 7C 8460

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

3. OTHER -----

SIGNED B
 DATE 3/26/93