

From: [Gryglak, Magdalena](#)
To: [Daniel Archambeault](#)
Subject: Request to make changes to NRC license no. 13-18881-01, Memorial Hospital, Control no. 618136
Date: Friday, March 06, 2020 9:51:00 AM

Good morning Mr. Archambeault,

I have reviewed the licensee's request dated 2/24/20. In a signed and dated cover letter, please provide the following information:

1. Provide a copy of Dr. O'Brien's medical license;
2. Specify what radionuclide/s will be used at the Memorial Regional Breast Care Center. Confirm that no PET will be used;
3. Describe how the radioactive material will be transported from the main hospital at 615 N Michigan St. South Bend, Indianan to the Memorial Regional Breast Care Center. Please describe measures to reduce radiation exposure to the members of the public.
4. Describe measures to secure the material.
5. Please provide the dimensions of the rooms at the Memorial Regional Breast Care Center where radioactive material will be used. Describe areas above and below the rooms.

Please acknowledge receipt of this email and let me know if you have any questions.

You may submit your response directly to me via email by 4/6/20.

Thank you

Magdalena R. Gryglak
U.S. NRC Region III
630-829-9875