

VOID SHEET

TO: License Fee Management Branch

FROM: RTT

SUBJECT: VOIDED APPLICATION

Control Number: 255085

Applicant: Johanna Memorial

Date Voided: 1/7/93

Reason for Void: \_\_\_\_\_

Reviewer requested a new  
application for hospital.  
Please return fee - no  
review done

Diane Offner  
Signature Date

1/1/93

Attachment:  
Official Record Copy of  
Voided Action

FOR LFMB USE ONLY

080071

Final Review of VOID Completed:

- ☒ Refund Authorized and processed  
☐ No Refund Due  
☐ Fee Exempt or Fee Not Required

Comments: \_\_\_\_\_

Log completed ☒

Processed by: 1/21/93 de



Johnston Memorial Hospital

December 11, 1992

U.S. Nuclear Regulatory Commission  
Region II  
Materials Safety & Standards  
101 Marietta Street, Suite 2900  
Atlanta, GA 30323

Re: License #45-18349-01

To Whom It May Concern:

Abingdon Radiology Services, Ltd., located in Glenrochie Professional Building, Rear Court Street, Abingdon, VA, wishes to amend its Nuclear Medicine By-Product License, #45-18349-01 to effect a change of location and licensee of its Hot Lab.

The latest N.R.C. inspector mentioned to us that he would recommend relocating our Hot Lab from the Professional Building to the Hospital proper, JMH, 351 North Court Street, Abingdon, VA. We have, therefore, selected a location within the Hospital's Nuclear Medicine Facility, as shown on the accompanying diagram, for the new location of our Hot Lab. This facility will house the Nuclear Medicine department in its entirety, including the equipment, staff, and present programs. The existing lab at ARS will be locked and appropriately decontaminated. We would like the licensee to now be Johnston Memorial Hospital.

We hope that this location will meet with your approval. We have enclosed a check, payable to the U.S. Nuclear Regulatory Commission, as a license amendment fee in the amount of \$460, in accordance with 10 CFR 170.317C.

In addition, a Radiation Safety Committee will be established at JMH using the Radiation Safety Committee charter and Radiation Safety Officer delegation of authority that was published in "Appendix F" to Regulatory guide 10.0, Revision 2. We are also designating Margaret Stroup, RTR as alternate Radiation Safety officer.

We also intend to use Xenon as our Ventilation Radionuclide and request that you amend our license to include its use with single use devices. A maximum quantity in storage would be 200 mCuries. Our fumehood exhaust is through the present exhaust which is dedicated to the Nuclear Medicine suite and will exit the side wall 50 feet from any intake. The exhaust has a negative airflow.

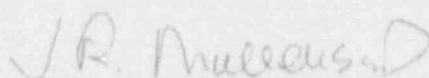
Log	Dec 6 11
Remitter	Johnston Mem. Hosp.
Check No.	62747
Amount	\$460
Fee Category	10
Type of Fee	Amendment / Renewal
Date Check Rec'd	Dec 24 1992
Date Completed	Dec 24 1992
By	SAC

U.S. Nuclear Regulatory Commission  
December 11, 1992  
Page Two

Please notify us of any other requirements as soon as possible,  
as we intend this change to take effect on January 1, 1993,  
provided it meets your approval.



Clark R. Seil  
Chief Executive Officer  
Johnston Memorial Hospital



J. R. Mullens, III, M.D.  
Chief Radiologist  
Abingdon Radiology Services, Ltd.

CRB/JRM/bjm

Enclosure

(FOR LFMS USE)  
~~INFORMATION FROM LTS~~

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: PROGRAM CODE: 02200
: STATUS CODE: 0
: FEE CATEGORY: 7C
: EXP. DATE: 19950531
: FEE COMMENTS: -----
: UECOM FIN ASSUR REQD: N
:

```

ST  
Please check spelling

1. APPLICATION ATTACHED

Name changed  
back after reading

460 00  
62747

CHECK NO.:

SIGNED  
DATE

Oscar P. Kern  
12/21/91

## 7C

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

SIGNED  
DATE

SPRINTFIELD  
12-24-



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

JAN 25 1993

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: Johnston Memorial Hospital

ADDRESS: Attn: Clark R. Bell, Chief Executive Officer

ADDRESS: 351 N. Court Street

CITY: Abingdon STATE: Va ZIP: 24210

AMOUNT: \$460

COMMENTS: Lic 45-18349-01 amd. fee rfd CK #62747.

(LIMIT COMMENTS TO 40 CHARACTERS, INCLUDING SPACES)

FUND: \_\_\_\_\_ JOB CODE: \_\_\_\_\_ TRANS TYPE: \_\_\_\_\_

PREPARED BY: Shirley Crutchfield DATE: 1/21/93

AUTHORIZED BY: J. L. Kimberly TITLE: Lic. Fee Analyst

OFFICE: IC/DA/HX/OCB DATE: 1/25/93

PLEASE ATTACH EACH APPROPRIATE SUPPORTING DOCUMENTATION. Dec. 6 II

\$460 amd. 7C  
CK #62747 12/14/  
Processed 12/24/92

INVOICE NUMBER: \_\_\_\_\_ INVOICE PAID ON: \_\_\_\_\_ FOR: \$ \_\_\_\_\_

REFUND ENTERED INTO COLLECT BY: \_\_\_\_\_

AMOUNT: \_\_\_\_\_ BY: \_\_\_\_\_ DATE: \_\_\_\_\_

(Am03203-93 P.W. #1800)

4518932644

AIRBILL  
PACKAGE  
TRACKING NUMBER

RECIPIENT'S COPY

QUESTIONS? CALL 800-238-5355 TOLL FREE

4518932644

Date 12-11-92  
3082-S

Your Phone Number (Very Important) 215-211-2111  
To Recipient's Name: Regulatory (404) 331-4803  
Department/Floor No. 103-76-7101

From (Your Name) Please Print

Company

Johnston Memorial Hosp

Street Address

351 N. Court Street

City

Abingdon

State

VA

ZIP Required

24210

State

GA

ZIP Required

30323

IF HOLD FOR PICK-UP, Print FEDEX Address Here

Street Address

Atlanta, Georgia

City

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YOUR INTERNAL BILLING REFERENCE INFORMATION (Optional) (First 24 characters will appear on invoice.)

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103-76-7101

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3 SERVICES

(Check only one box)

Standard Overnight

51 ☐ YOUR PACKAGING

52 ☒ FEDEX LETTER

53 ☐ FEDEX PAK

54 ☐ FEDEX BOX

55 ☐ FEDEX TUBE

56 ☐ FEDEX BULB

57 ☐ FEDEX LETTER

58 ☐ FEDEX PAK

59 ☐ FEDEX BOX

60 ☐ FEDEX TUBE

61 ☐ FEDEX BULB

62 ☐ FEDEX LETTER

63 ☐ FEDEX PAK

64 ☐ FEDEX BOX

65 ☐ FEDEX TUBE

66 ☐ FEDEX BULB

67 ☐ FEDEX LETTER

68 ☐ FEDEX PAK

69 ☐ FEDEX BOX

70 ☐ FEDEX TUBE

71 ☐ FEDEX BULB

4 DELIVERY AND SPECIAL HANDLING

(Check services required)

1 ☐ HOLD FOR PICK-UP (See Box 1)

2 ☒ DELIVER WEEKDAY

3 ☐ DELIVER SATURDAY (Extra charge)

4 ☐ DANGEROUS GOODS (Extra charge)

5 ☐ DRY ICE

6 ☐ OTHER SPECIAL SERVICE

7 ☐ SATURDAY PICK-UP

8 ☐ SIGNATURE REQUIRED

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5 PAYMENT

6 EMPLOYER'S COPY

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