Lebanon Valley General Hospital

30 North Fourth Street - Box 1282 Lebanon, Pennsylvania 17042-1282 Telephone: (717) 273-8521

January 22,

1988

Remitter ___

Amount 112
Fee Category

Type of Fee AML

Date Check Rec'd.

Date Completed ...

By: M. Ki

U.S. Nuclear Regulatory Commission Region I 631 Park Avenue King of Prussia, PA. 18406

Attn: Dr. John Glenn

Dear Dr. Glenn:

This letter is to advise you of several changes in our nuclear medicine program and to request an amendment to our license number 37-15375-02:

- a. As per the attached schematic, our nuclear medicine hot lab and imaging rooms have been moved to rooms 134 and 135 in the new Radiology Department.
- b. We have replaced our old Nuclear Chicago pho-gamma camera system with a General Electric Starport, Model 46-40842367E.
- c. We wish to amend our license to add Cindy Janesky, M. D. as a supervisor of all approved byproduct materials and uses. Dr. Janesky has previously been approved for all diagnostic and therapeutic uses in nuclear medicine at the M.S. Hershey Medical Center under license number 37-13831-01.

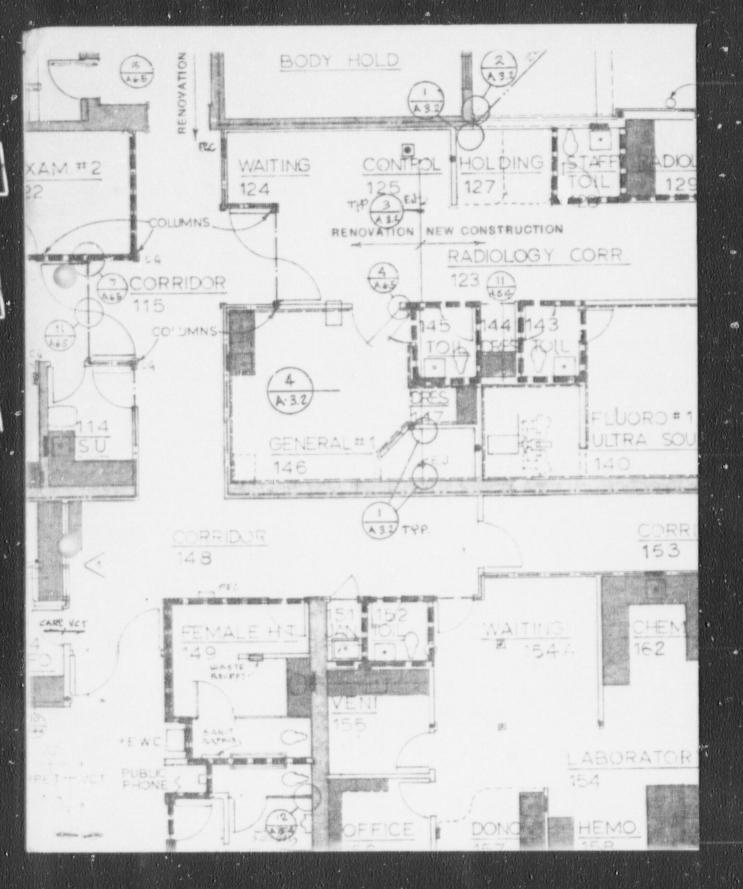
Enclosed is a check for one hundred and twenty dollars (\$120.00) as specified in 10 CFR 170.31.7.C.

We will appreciate your prompt attention to this request.

Sincerely,

8905030360 880517 REG1 LIC30 37-15375-02 PNU

Maureen Gallo Administrator



(FOR LFMS USE) INFORMATION FROM LTS BETWEEN: : PROGRAM CODE: 02120 LICENSE FEE MANAGEMENT BRANCH, ARM : STATUS CODE: 0 AND : FEE CATEGORY: 7C REGIONAL LICENSING SECTIONS : EXP. DATE: 19880630 : FEE COMMENTS: LICENSE FEE TRANSMITTAL A. REGION T 1. APPLICATION ATTACHED APPLICANT/LICENSEE: LEBANON VALLEY GENERAL HOSPITAL RECEIVED DATE: 880202 DOCKET NO: 3013571 CONTROL NO.: LICENSE NO.: 108367 37-15375-02 AMENDMENT ACTION TYPE: 2. FEE ATTACHED # /hr AMOUNT: CHECK NO .: 3. COMMENTS SIGNED 8. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE OB IS, ENTERED / __/) 1. FEE CATEGORY AND AMOUNT: 70 2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR: AMEND MENT RENEWAL LICENSE 3. OTHER SIGNED DATE