

NOTE TO: License Fee Management Branch, ADM

FROM: Region III

SUBJECT: VOIDED APPLICATION

*no refund  
Oct 17<sup>th</sup>*

Control Number 84317

Applicant Regional Radiative Therapy Center

Date Voided 7/1/88

Reason for Void Did not respond with  
additional information. Action  
Abandoned

Signature Patty Whiston  
L.O.

Attachment:  
Application

*OK LPMB  
no refund due*

8905040301 880701  
REG3 LI-30  
24-20475-01 PDC

*11  
ML30*

JUL 01 1988

Regional Radiation Therapy Center  
ATTN: William L. Kennedy Ph. D.  
Radiation Safety Officer  
500 Keene Street  
Columbia, MO 65201

SUBJECT: REQUEST FOR AMENDMENT DATED OCTOBER 2, 1987 AND OUR LETTER DATED  
APRIL 5, 1988, REQUESTING ADDITIONAL INFORMATION

Gentlemen:

We notified you in the above mentioned letter that we would void your request if you did not respond to our notice within 30 days.

You are hereby notified that we consider your application abandoned and have voided your request. This action is without prejudice to resubmission.

If you have any questions or require clarification on any of the information stated above, you may contact us at (312) 790-5625.

Sincerely,

Patricia J. Whiston  
Materials Licensing Section

Enclosure: Letter dated April 5, 1988

RIII

Whiston/lms

6/28/88

RECEIVED  
JUL 5 1988

F

APR 05 1988

Regional Radiation Therapy Center  
ATTN: William L. Kennedy, Ph.D.  
Radiation Safety Officer  
500 Keene Street  
Columbia, MO 65201

Gentlemen:

We have reviewed your letter dated October 2, 1987, requesting an amendment to NRC License No. 24-20475-01 and find that we will need additional information as follows:

1. Your license currently authorizes you to possess Group VI material for storage incident to transfer to Columbia Regional Hospital and for instrument calibration, no human use is authorized. In order to authorize your request, it will be necessary for you to submit your procedures for complying with 10 CFR Part 35, Sections 35.410, 35.415, and 35.420 regarding sources for brachytherapy.
2. In order to authorize Dr. Westgate to use brachytherapy sources, it will be necessary for you to submit the following:
  - a. The dates and total number of hours Dr. Westgate has received in clinical radioisotope training (Item 3 of Supplement B, Preceptor Statement).
  - b. Documentation which clearly indicates that Dr. Westgate meets the criteria outlined in 10 CFR Part 35, Section 35.940(b)(2) and (3).

We have enclosed a copy of Part 35 as well as a copy of Regulatory Guide 10.8, Revision 2, to assist you in completing your response to this letter. If you have any questions or require clarification on any of the information stated above, you may contact us at (312) 790-5625.

We will continue our review of your application upon receipt of this information. Please reply in duplicate, within 30 days, and refer to Control Number 84317.

Upon failure to file an answer within the specified time, we will consider that you have abandoned your request and will void this action. This is without prejudice to resubmission of the application.

Sincerely,  
Patricia J. Whiston  
Materials Licensing Section

Enclosure: 10 CFR Part 35  
Regulatory Guide 10.8,  
Revision 2

RIH  
Whiston/abl  
4/5/88