

RECEIVED  
11/11/2021

Mail Control Number: 629464  
Docket Number : 3003249  
License Number : 40-12378-01  
Licensee Name : Sanford Medical Center

**SANFORD**  
HEALTH

November 9, 2021

Via email: [RidsRgn4MailCenter.Resource@nrc.gov](mailto:RidsRgn4MailCenter.Resource@nrc.gov)  
[Carol.Hill@nrc.gov](mailto:Carol.Hill@nrc.gov)  
[Michelle.Simmons@nrc.gov](mailto:Michelle.Simmons@nrc.gov)

U.S. Nuclear Regulatory Commission, Region IV  
Division of Nuclear Materials Safety, Materials Licensing and Inspection Branch  
Attn: Michelle R. Simmons, Senior Health Physicist  
1600 E. Lamar Blvd.  
Arlington, TX 76011-4511

RE: Amendment Request for NRC License No. 40-12378-01 (Docket No. 030-03249)

Dear Ms. Simmons,

Pursuant to 10 CFR 35.13(e), Sanford Medical Center hereby requests an amendment to the referenced license to update the possession limit for SIR-Spheres Yttrium-90 Resin Microspheres listed in item #8 of line K. Our request is to increase the per vial limit from 189 millicuries per vial to 296 millicuries per vial and to increase the total possession limit from 2 curies to 3 curies. The Manufacturer's Sealed Source and Device Registry MA-1229-D-101-S updated on March 13, 2020, states the new activity limits for SIR-Spheres Yttrium-90 Resin Microspheres are 296 mCi per vial, thus our current license activity limit is preventing utilization of the new activity vials. This license amendment will allow for better customization of patient treatments and ordering logistics.

Please do not hesitate to contact me if you have any questions or comments. For technical questions, please contact Dr. Andrew Hoy, RSO, at 605-312-1429 or Ms. Jennifer Stapleton, ARSO, at 605-212-5800.

Sincerely,



Bridget O'Brien-Johnson, MSN, RN, CNML  
Executive Director Heart & Vascular  
Management Representative to the Radiation Safety Committee  
Office Phone: 605-328-6962

**From:** [OBrien-Johnson,Bridget](#)  
**To:** [RidsRgn4MailCenter Resource](#); [Hill, Carol](#); [Simmons, Michelle](#)  
**Subject:** [External\_Sender] Amendment Request for NRC license No. 40-12378-01 (Docket No. 030-03249)  
**Date:** Thursday, November 11, 2021 4:06:48 PM  
**Attachments:** [2926\\_001.pdf](#)

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Ms. Simmons and Ms. Hill,

Please find our amendment request for NRC License No. 40-12378-01 (Docket No. 030-03249) attached. If you have any questions, I can be reached at the email or phone numbers provided below.

I am also following up on a previous email regarding amendment 102. We have not officially received this amendment but noticed on amendment 103, our RSO had been updated.

I appreciate your time.

Thank you,

Bridget O'Brien-Johnson MSN RN CNML | Executive Director Heart & Vascular  
[Bridget.obrien-johnson@sanfordhealth.org](mailto:Bridget.obrien-johnson@sanfordhealth.org) | office (605) 328-6962 | cell (605) 321-5394  
Sanford Health | Sioux Falls, SD

Kristina Werdel | Executive Assistant  
[kristina.werdel@sanfordhealth.org](mailto:kristina.werdel@sanfordhealth.org) | office (605) 328-6939

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**ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE**

**Name and Address of Applicant and/or Licensee**

Bridget O'Brien-Johnson, MSN, RN, CNML  
Executive Director, Heart and Vascular  
Sanford Medical Center  
dba Sanford USD Medical Center  
P.O. Box 5039  
Sioux Falls, SD 57117-5039

**Date**

12/14/2021

**License Number(s)**

40-12378-01

**Mail Control Number(s)**

629464

**Licensing and/or Technical Reviewer or Branch**

C. Hill

This is to acknowledge receipt of your:  Letter and/or  Application Dated: 11/09/2021

The initial processing, which included an administrative review, has been performed.

Amendment  Termination  New License  Renewal

There were no administrative omissions identified during our initial review.

This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.

Your application for a new NRC license did not include your taxpayer identification number. Please complete and submit NRC Form 531, Request for Taxpayer Identification Number, located at the following link: <http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>  
Follow the instructions on the form for submission.

The following administrative omissions have been identified:

[Empty box for administrative omissions]

Your application has been assigned the above listed MAIL CONTROL NUMBER. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

**Region IV  
U. S. Nuclear Regulatory Commission  
DNMS/NMSB - B  
1600 E. Lamar Boulevard  
Arlington, TX 76011-4511  
(817) 200-1103 or (817) 200-1140**



Agency: NRC

WBL WORKSHEET

DOCKET NUMBER: 3003249 LICENSE NUMBER: 40-12378-01 STATUS: Pending Amendment

MAIL CONTROL NUMBER: 629464 RECEIPT DATE: 11/11/2021 ACTION TYPE: Amendment

DUE DATE: 02/09/2022 INST. CODE: 12378 LICENSE REGION: Region 4

LICENSE TYPE: 30 ENTITY TYPE: C LICENSE GROUP: Medical

ISSUE DATE: ORIGINAL DATE: 06/30/1989 EXPIRATION DATE: 02/28/2026

DECOMMISSIONING CATEGORY: Group 1 LAST ISSUE DATE:

LICENSEE NAME: Sanford Medical Center DECOM FIN ASSUR REQD: N  
SUBM: N

MAILING ADDRESS LINE1: P.O. Box 5039 CONT PLAN REQD: N APPRV: N

MAILING ADDRESS LINE 2:

CITY: Sioux Falls STATE: SD ZIP: 57117-5039

CONTACT PERSON: PREFIX: FIRST NAME: Bridget MIDDLE INITIAL:

LAST NAME: O'Brien-Johnson SUFFIX: MSN, RN, CNML

JOB TITLE: Executive Director, Heart & Vas PHONE: 605-328-6962 FAX: 605-333-1531 EMAIL: bridget.obrienjohnson@

BILLING ADDRESS LINE 1:

BILLING ADDRESS LINE 2:

CITY: STATE: South Dakota ZIP:

BILLING CONTACT PERSON: FIRST NAME: MIDDLE INITIAL: LAST NAME:

PHONE: EMAIL: FAX:

PRIMARY PGM CODE: 02230 SECONDARY PGM CODE: 02120,02240

INSPECTION REGION: Region 4 PRIORITY: 2

RSO: PREFIX: FIRST NAME: Andrew MIDDLE INITIAL: R. LAST NAME Hoy

SUFFIX: Ph.D. RSO JOB TITLE: Radiation Safety Officer

RSO PHONE: 605-312-1249 RSO FAX: 605-328-6045 RSO EMAIL: andrew.hoy@sanfordhealth.org

STATES WHERE USE IS AUTHORIZED: 1  
0- ALL LISTED STATES  
1- SAME AS STATE IN ADDRESS  
2- ALL STATES  
3- NON-AGREEMENT-STATES

AUTHORIZED STATES (USE ONLY IF ABOVE IS ZERO):