

Main Line Health
Paoli Hospital

RECEIVED
REGION 1

'04 NOV 15 P1:37

Main Line Health

Bryn Mawr Hospital

Lankenau Hospital

Paoli Hospital

Bryn Mawr Rehab Hospital

Great Valley Health

The Home Care Network

Lankenau Institute for
Medical Research

Main Line Health Centers
Exton
Lawrence Park
Shannondell
Upper Providence

Main Line Health
Adult Day Services

Main Line
Clinical Laboratories

Wayne Center

November 9, 2004

Nuclear Regulatory Commission
Region 1
475 Allendale Road
King of Prussia, PA 19406

Dear Sir/Madam:

We would like to request an amendment to our materials license #37-16435-01.

Please add the following sealed source to our license. The source will be used as a component of a medical gamma camera system in our nuclear medicine department.

Source Type:	Transmission Line Source
Manufacturer:	Isotope Products Laboratories
Isotope:	Gd-153
Model Number:	NES 8412
Maximum activity:	600 mCi

If you have any questions, please contact Sebastiano Ricci at (610) 648-1083

Sincerely,



Barbara Tachovsky
President

03011052

135984

NMSS/RGNI MATERIALS-002

This is to acknowledge the receipt of your letter/application dated

11/9/2004, and to inform you that the initial processing which includes an administrative review has been performed.

☒ AMEND. 37-16435-01 There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 135984.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 02120
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20120930
: Fee Comments: _____
: Decom Fin Assur Req'd: N
: ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: PAOLI MEMORIAL HOSPITAL
Received Date: 20041115
Docket No: 3011052
Control No.: 135984
License No.: 37-16435-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed _____
Date _____

M. A. Barbano
11/16/2004

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /___/)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:

Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____