

37-11507-01

03003142



**COMMUNITY MEDICAL CENTER
HEALTHCARE SYSTEM**

1800 Mulberry Street
Scranton, Pennsylvania 18510
570 969-8000

04 NOV 19 P 1:55

RECEIVED
REGION 1

License No. 37-11507-01

November 8, 2004

United States Nuclear Regulatory Commission
Region 1
Medical Licensing
475 Allendale Road
King of Prussia PA 19406

Gentlemen:

I am requesting our license be amended as follows:

Add as an authorized user Harmer D. Brereton, M.D (ref. License No. 37-01374-03)

Add under 35.400: I-125 (model STM125) and Pd-103 (model PSTS200) as seeds for manual brachytherapy.

Maximum possession limit 5000millicuries.

Delete as an authorized user, Nicholas J. Sanfilippo, M.D.

For questions regarding this request please call John C. Ramsey at 908-788-9440.

Thank you.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'C. Richard Hartman'.

C. Richard Hartman, M.D.
Chief Executive Officer

Cc: Nuclear Medicine

136004

37-11507-4
03003142



1800 Mulberry Street
Scranton, Pennsylvania 18510
570 969-8000

License No. PA-0015

November 8, 2004

Rachel Carson State Office Building
Ronald J. Hamm, Chief
PO Box 8469
Harrisburg PA 17105-8469

Dear Mr. Hamm:

Please amend our license to include under group 35.400 Palladium 103 seeds (model PSTS 200). Authorized use manual brachytherapy. Maximum possession limit 2000millicuries.

Add as authorized user Harmer Brereton, M.D. (ref. 37-01374-03), Madhava Baikadi, M.D. (ref. 37-11507-01), Chi Keung Tsang, M.D. (ref. 37-11507-01). Material and use: 35.400 for manual brachytherapy.

For questions regarding this request please call John C. Ramsey at 908-788-9440.

Thank you.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'C. Richard Hartman'.

C. Richard Hartman, M.D.
Chief Executive Officer

Cc: Nuclear Medicine

1 3 6 0 0 4

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

November 8, 2004, and to inform you that the initial processing which includes an administrative review has been performed.

☒ 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. *Amend*

☐ 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 136004.
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: 02240
: Status Code: 0
: Fee Category: 7C
: Exp. Date: 20050430
: Fee Comments: _____
: Decom Fin Assur Req'd: N
: ::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: COMMUNITY MEDICAL CENTER
Received Date: 20041119
Docket No: 3003142
Control No.: 136004
License No.: 37-11507-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed _____
Date 11/23/04

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 _____