

From: Thomas Thompson
To: Internet:kent.lambert@drexel.edu
Date: 12/16/04 3:19PM
Subject: Graduate Hospital renewal license number 37-28359-01

37-28359-01
030-31044
135424

I have completed a preliminary review and noted that you are requesting continued authorization for use of the Novoste device but have not provided an authorized medical physicist (AMP). If you plan to use the Novoste device for treatments you need to have an AMP. Please clarify your intentions.

You may respond by facsimile to 610 337 5269 and refer to MC135424.

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Subject: Graduate Hospital renewal license number 37-28359-01
Creation Date: 12/16/04 3:19PM
From: Thomas Thompson

Created By: TKT@nrc.gov

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MESSAGE	880	12/16/04 03:19PM

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