



# Raritan Bay Medical Center

*"We Take Pride in Caring"*

Perth Amboy Division • 530 New Brunswick Avenue, Perth Amboy, New Jersey 08861 • (732) 442-3700  
Old Bridge Division • One Hospital Plaza, Old Bridge, New Jersey 08857 • (732) 360-1000

RECEIVED  
REGION 1

05 FEB 14 012:56

February 8, 2005

United States  
Nuclear Regulatory Commission  
Medical Licensing  
475 Allendale Road  
King of Prussia, PA

RE: License: 29-11935-01 03002539

This is a notification of the addition of a second location of use of radioactive material. The site is a PET/CT scanner that will be located at One Hospital Plaza, Old Bridge Division, Old Bridge, New Jersey. The radionuclides to be used will be cyclotron produced. A cesium-137 vial source will be used for the assessment of dose calibrator accuracy and constancy. The quantity of cesium-137 will not exceed limits stated in 10CFR35.65 (a).

The existing radiation safety program will be implemented at the additional location.

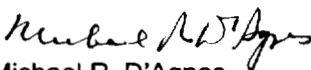
A floorplan is enclosed.

At this time we would like to also notify you that Rim Al-Bezern, M.D. will no longer be acting as an authorized user on this radioactive materials license.

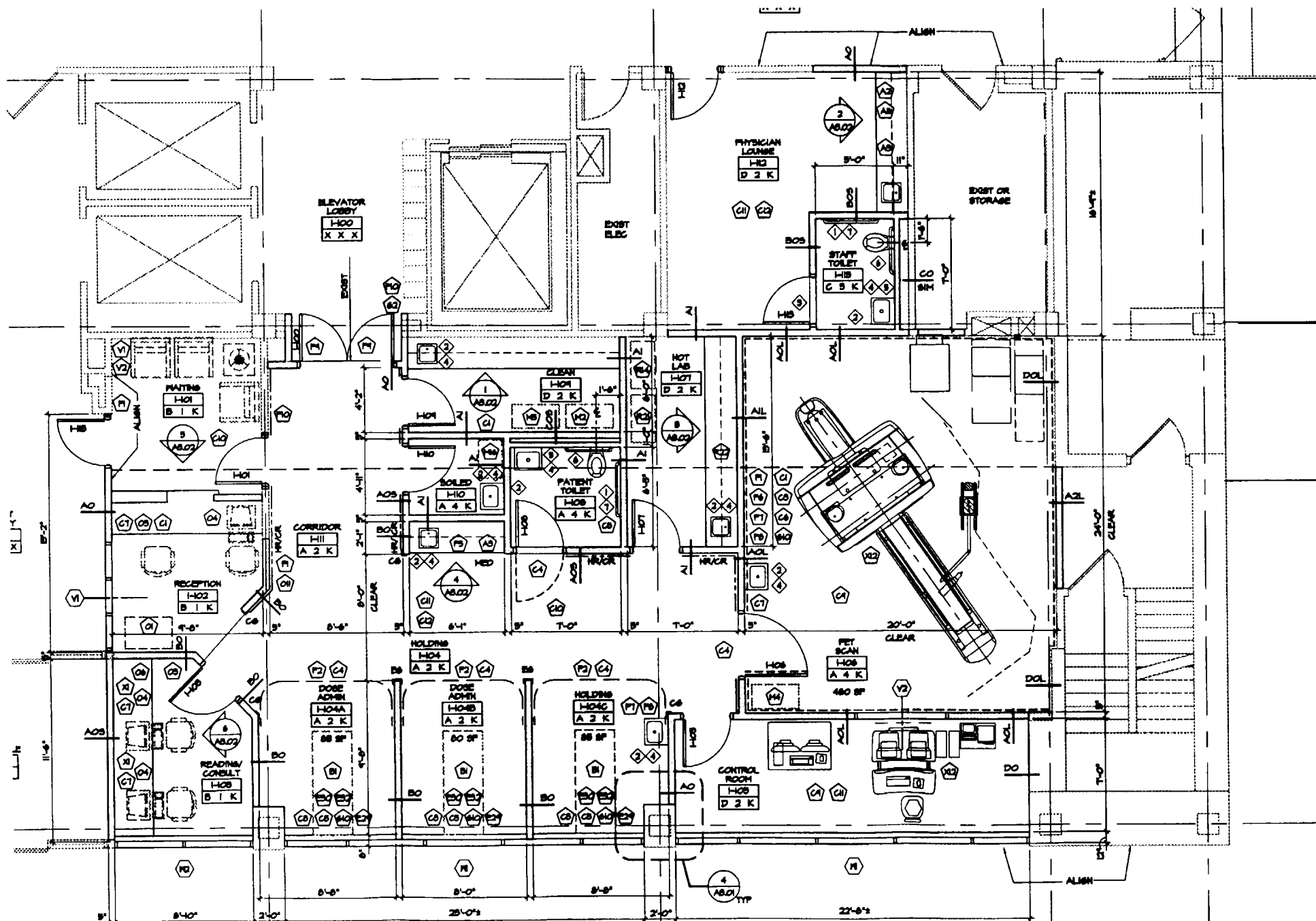
Please contact Alice Carroll, CNMT, RT(R) with any questions regarding this issue. She can be reached at 732-324-5037.

Thank you, for your attention to this matter.

Sincerely,

  
Michael R. D'Agnes  
President and CEO

136480  
NMSS/RGNI MATERIALS-001



## NOTES

- 1 ALL DOORS SHALL BE 1 3/4" THICK UNLESS OTHERWISE NOTED
- 2 REFER TO SPECIFICATIONS FOR DOOR HARDWARE

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

2/8/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment 24-1935-01  
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

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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** 136480.  
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: : (FOR LFMS USE)  
 : INFORMATION FROM LTS  
 : -----  
 :  
 License Fee Management Branch, ARM : Program Code: 02120  
 and : Status Code: 0  
 Regional Licensing Sections : Fee Category: 7C  
 : Exp. Date: 20120630  
 : Fee Comments: \_\_\_\_\_  
 : Decom Fin Assur Req'd: N  
 : .....

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: RARITAN BAY MEDICAL CENTER  
 Received Date: 20050214  
 Docket No: 3002539  
 Control No.: 136480  
 License No.: 29-11935-01  
 Action Type: Amendment

2. FEE ATTACHED

Amount:             
 Check No.:           

3. COMMENTS

Signed *Robert J. Ford*  
 Date 2/18/05

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 \_\_\_\_\_