

**ROBERT WOOD JOHNSON**  
**UNIVERSITY HOSPITAL**

One Robert Wood Johnson Place  
P.O. Box 2601  
New Brunswick, NJ 08903-2601 / 732-828-3000

RECEIVED  
REGION 1

'05 MAY -2 P1 :47

April 29, 2005

Pamela J. Henderson, Chief  
Nuclear Materials Safety Branch 1  
Division of Nuclear Materials Safety  
475 Allendale Road  
King of Prussia, PA 09406

Ref: 29-10173-02      03002525

Dear Ms. Henderson,

We propose to make the following changes to our licensing conditions.

- 1) Delete Robert Cole, M.D. as an authorized user.
- 2) Delete Behai Peng, M.D. as an authorized user.
- 3) Stephen K. Jones, Senior Vice President will be our administrator.

If you need any further information, please call me at 732 937 8609.

Sincerely,

*Rao Dasika*  
Rao Dasika  
Radiation Safety Officer

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

4/29/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment 29-10173-02 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 136907.  
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:**

```
: Program Code: 02240  
: Status Code: 0  
: Fee Category: 7C_3E  
: Exp. Date: 20140430  
: Fee Comments: 3E ADDED 05/24/02  
: Decom Fin Assur Req'd: N  
:::~::~:
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**LICENSE FEE TRANSMITTAL**

A. REGION 1

Applicant/Licensee: ROBERT WOOD JOHNSON UNIV. HOSPITAL  
Received Date: 20050502  
Docket No: 3002525  
Control No.: 136987  
License No.: 29-10173-02  
Action Type: Amendment

Amount: \_\_\_\_\_  
Check No.: \_\_\_\_\_

Signed Rebecca J. Jurek  
Date 5/11/2005

1. Fee Category and Amount: \_\_\_\_\_

Amendment \_\_\_\_\_  
Renewal \_\_\_\_\_  
License \_\_\_\_\_

3. OTHER \_\_\_\_\_

Signed \_\_\_\_\_  
Date \_\_\_\_\_