

Sara A.B. Forster, M.S.
MATERIALS LICENSING BRANCH

TELECON & FAX TRANSMITTAL



NUCLEAR REGULATORY COMMISSION
REGION III
2443 WARRENVILLE ROAD
LISLE, ILLINOIS 60532-4351
(630) 829-9892 FAX: (630) 515-1078

TO: Debra S. Zoeller

COMPANY: SSM Ambulatory Cardiac Imaging

PAGES: 2 TEL.: (314) 989-2335

FAX #: N/A

EMAIL: Debra_S_Zoeller@ssmhc.com

CONVERSATION RECORD

|TIME |DATE
9:00 am 04/18/2013

NAME OF PERSON(S) CONTACTED Debra S. Zoeller	TELEPHONE NO. (314) 989-2335	ORGANIZATION SSM Healthcare St. Louis
REPRESENTED PERSON or PERSONS Sean Hogan, President, SSM DePaul Health Center	ORGANIZATION SSM Ambulatory Cardiac Imaging	
SUBJECT License No.: 24-32451-01		Control No.: 579968

SUMMARY

We have reviewed your requesting license termination request and find that we are unable to continue this action until we have received information regarding the following:

The licensee referenced above has indicated that ownership of the above referenced licensed program is being transferred, along with ownership of all licensed material. Submitted materials are insufficient to complete our review. **Please submit additional information as follows, attached to a signed, dated cover letter:**

1. **To complete the termination, submit an NRC Form 314**, found at <http://www.nrc.gov/reading-rm/doc-collections/forms/nrc314.pdf>. If final closeout surveys and leak tests are not available and/or practical, attach a copy of your most recent sealed source leak tests, and clearly state the status of any known contamination, etc., in your letter. The NRC Form 314 must be signed by a management official for SSM Ambulatory Cardiac Imaging. Include the name and address of the individual to which the final termination should be directed.
2. **To complete the Transfer of Control to SSM De Paul Health Center**, include Information Needed for Transfer of Control, as indicated in NUREG 1556, Vol. 9, Rev. 2, Appendix G, p. G-1. The referenced guidance can be found at <http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/v9/r2/sr1556v9r2-final-appendices-a-h.pdf>. The Information Needed to Complete the Transfer of Control should be signed by senior management officials for both SSM Ambulatory Cardiac Imaging and SSM De Paul Health Center.

We have requested that you submit the referenced items—

- NRC Form 314
- Information Needed for Transfer of Control

— via facsimile, to (630) 515-1078. Please reference the Control No. 579968, as listed at the top of this memo. We expect to hear from you on or before April 25, 2013

For future reference, please always include the name, phone number and fax number of at least one person whom we may contact for additional information when reviewing your licensing correspondence and requests.

Please submit the requested information within 7 days of this record. **Include reference control number 579968, Please FAX your response to my attention at (630) 515-1078.** You may also scan your response and send to me via email, as a pdf file.

Please direct any questions you have to me at **(630) 829-9892** or **sara.forster@nrc.gov**.

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

Sara A.B. Forster, M.S.

Sara A.B. Forster 04/18/2013

Forster, Sara

From: Forster, Sara
Sent: Thursday, April 18, 2013 9:34 AM
To: 'Debra_S_Zoeller@ssmhc.com'
Subject: Additional information request for SSM Ambulatory Cardiac Imaging, C/N 579668
Attachments: 02201.579968.24-32451-01 telecon signed.PDF

Please see attached for additional information needed to terminate and transfer control of NRC Lic. 24-32451-01.

Sincerely,
Sara A. B. Forster, Health Physicist Licensing Reviewer
U.S. Nuclear Regulatory Commission - Region III
Division of Nuclear Materials Safety
2443 Warrenville Rd. - Ste. 210
Lisle, IL 60532-4352
sara.forster@nrc.gov
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