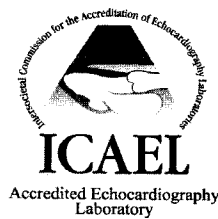


Ronald D. Nelson, M.D., F.A.C.C.
Vinod Chauhan, M.D., F.A.C.C.
John F. Kobayashi, M.D., F.A.C.C.
John P. Katsaropoulos, M.D., F.A.C.C.
Szabolcs Szabo, M.D., F.A.C.C.
Mary Jo. Morey, F.N.P. - B.C.

Cardiology Associates, Inc.

www.cai-cardiology.com
574-234-9001 ♦ 800-822-4676
Fax: 574-287-5367



November 25, 2013

United States Nuclear Regulatory Commission
Region III, Materials Licensing
2443 Warrenville Road, Suite 210
Lisle, IL 60532-4352

**RE: Termination of NRC License No. 13-32580-01
Cardiology Associates, Inc.**

Dear Sir/Madam:

This termination is being sent in conjunction with an amendment to add the radioactive use areas at Cardiology Associates, Inc. to Memorial Hospital. As of December 30, 2013, Cardiology Associates, Inc. will merge with Memorial Hospital. Please terminate license number **13-32580-01** at the same time you approve the amendment to add the new address of use onto Memorial Hospital's NRC license to avoid any interruption of patient services. As required, NRC Form 314 and the most recent sealed source leak test are enclosed.

If you have any questions, please contact our physics consultant, Sharon Updike, MHP, at 734-662-3197.

Respectfully Yours,

John Kobayashi, M.D.
President
Cardiology Associates, Inc.

RECEIVED NOV 29 2013

Estimated burden per response to comply with this mandatory collection request: 30 minutes. This submittal is used by NRC as part of the basis for its determination that the facility is released for unrestricted use. Send comments regarding burden estimate to the Information Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to Infocollects.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0028), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

CERTIFICATE OF DISPOSITION OF MATERIALS

LICENSEE NAME AND ADDRESS
Cardiology Associates, Inc.
Centennial Medical Square
621 Memorial Drive, Suite 502
South Bend, IN 46601-1066

LICENSE NUMBER

13-32580-01

DOCKET NUMBER

030-36946

LICENSE EXPIRATION DATE

July 31, 2015

A. LICENSE STATUS (Check the appropriate box)☐ This license has expired.☒ This license has not yet expired; please terminate it.**B. DISPOSAL OF RADIOACTIVE MATERIAL**

(Check the appropriate boxes and complete as necessary. If additional space is needed, provide attachments)

The licensee, or any individual executing this certificate on behalf of the licensee, certifies that:

- ☐ 1. No radioactive materials have ever been procured or possessed by the licensee under this license.
- ☒ 2. All activities authorized by this license have ceased, and all radioactive materials procured and/or possessed by the licensee under this license number cited above have been disposed of in the following manner:
- ☒ a. Transfer of radioactive materials to the licensee listed below:
Radioactive materials will be used at the same location under NRC license #13-18881-01. See attached amendments.
- ☐ b. Disposal of radioactive materials:
- ☐ 1. Directly by the licensee:
- ☐ 2. By licensed disposal site:
- ☐ 3. By waste contractor:
- c. All radioactive materials have been removed such that any remaining residual radioactivity is within the limits of 10 CFR Part 20, Subpart E, and is ALARA.

C. SURVEYS PERFORMED AND REPORTED

- ☐ 1. A radiation survey was conducted by the licensee. The survey confirms:
- ☐ a. the absence of licensed radioactive materials
- ☐ b. that any remaining residual radioactivity is within the limits of 10 CFR 20, Subpart E, and is ALARA.
- ☐ 2. A copy of the radiation survey results:
- ☐ a. is attached; or ☐ b. is not attached (Provide explanation); or ☐ c. was forwarded to NRC on: _____ Date _____
- ☐ 3. A radiation survey is not required as only sealed sources were ever possessed under this license, and
- ☐ a. The results of the latest leak test are attached; and/or ☐ b. No leaking sources have ever been identified.

The person to be contacted regarding the information provided on this form:

NAME John Kobayashi, M.D.	TITLE President/RSO	TELEPHONE (Include Area Code) (574) 234-9001	E-MAIL ADDRESS info@cai-cardiology.com
------------------------------	------------------------	---	---

Mail all future correspondence regarding this license to:
621 Memorial Dr. Ste. 502 South Bend, IN 46601

C. CERTIFYING OFFICIAL

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

PRINTED NAME AND TITLE

John Kobayashi, M.D.

SIGNATURE



DATE

11/25/13

WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECT. 18 U.S.C. SECTION 1001 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

Sealed Source Leak Test

Licensee: Cardiology Associates (South Bend)

Date: 08/20/13

Performed by: Sharon Updike


Nuclide	Type	Calibration Activity	Calibration Date	Location	M/N	S/N
Cs-137	Vial	198.6 uCi	09/01/05	Hot Lab	IPL	1124-79-22
Current Activity: 165.2 uCi						
Ba-133	Vial	246.9 uCi	09/01/05	Hot Lab	IPL	1124-86-9
Current Activity: 146.1 uCi						
Co-57	Flood	10 mCi	09/01/13	Hot Lab	MED3727	1682-183
Current Activity: 10.31 mCi						
Co-57	Flood	10 mCi	01/01/12	Hot Lab	MED3727	1564-065
Current Activity: 2.171 mCi						

Comment: The sources listed above were leak tested using a dry wipe technique and were found to have less than 0.005 uCi removable activity. The following Minimum Detectable Activities are based upon a background at the indicated value. Background was at or below these levels when the above tests were completed.

Well Counter: Captus 3000

Nuclide	MDA	Background
Cs-137	2.0×10^{-4} uCi	145 counts/1 min
Ba-133	8.8×10^{-5} uCi	204 counts/1 min
Co-57	1.7×10^{-5} uCi	53 counts/1 min

RADIATION SAFETY OFFICER: _____





00196
00252

FedEx Package
Express US Airbill

8029 5020 7828

1 From

Date 11/26/13

Sender's Name Dan Archambeault Phone 574 647-7956

Company MEMORIAL HOSPITAL

Address 615 N MICHIGAN ST # C5

City SOUTH BEND State IN ZIP 46601-1033

2 Your Internal Billing Reference

3 To

Recipient's Name Materials Licensing Phone 630 829-9500

Company U.S. Nuclear Regulatory Commission

Address 2443 Warrenville Rd

Address Suite 210

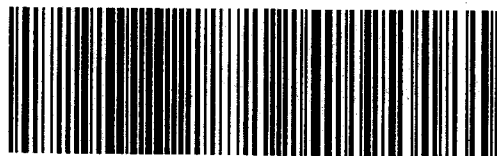
City Lisle State IL ZIP 60532-4352



8029 5020 7828

FedEx
TRK# 8029 5020 7828

XH ENLA



FTD 115772 26NOV13 SBNA 51AC1/DSE6/6600

WED - 27 NOV 10:30A
PRIORITY OVERNIGHT

60532
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Recipient's Copy

4 Express Package Service

NOTE: Service order has changed. Please select carefully.

Next Business Day

☐ FedEx First Overnight
Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

☒ FedEx Priority Overnight
Earliest next business morning. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

☐ FedEx Standard Overnight
Next business afternoon. Saturday Delivery NOT available.

2 or 3 Business Days

☐ FedEx 2Day A.M.
Second business morning. Saturday Delivery NOT available.

☐ FedEx 2Day
Second business afternoon. Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

☐ FedEx Express Saver
Third business day. Saturday Delivery NOT available.

5 Packaging

*Declared value limit \$500.

☒ FedEx Envelope*

☐ FedEx Pak*

☐ FedEx Box

☐ FedEx Tube

☐ Other

6 Special Handling and Delivery Signature Options

☐ SATURDAY Delivery

NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

☐ No Signature Required
Package may be left without obtaining a signature for delivery.

☐ Direct Signature
Someone at recipient's address may sign for delivery. Fee applies.

☐ Indirect Signature
If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. Fee applies.

Does this shipment contain dangerous goods?

One box must be checked.

☒ No ☐ Yes

As per attached Shipper's Declaration.

☐ Yes

Shipper's Declaration not required.

☐ Dry Ice

Dry Ice, 5 UN 1845

☐ Cargo Aircraft Only

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.

7 Payment Bill to:

Enter FedEx Acct. No. or Credit Card No. below.

Obtain recip. Acct. No.

☒ Sender

☐ Recipient

☐ Third Party

☐ Credit Card

☐ Cash/Check

Total Packages

Total Weight

Credit Card Auth.

lb.

oz.

Your liability is limited to US\$100 unless you declare a higher value. See the current FedEx Service Guide for details.

611

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