

From: [Lanzisera, Penny](#)
To: ["smathews@landauermp.com"](mailto:smathews@landauermp.com)
Subject: St. Vincent's Medical Center request for additional information
Date: Tuesday, October 10, 2017 1:37:00 PM

Licensee: St. Vincent's Medical Center
License No. 06-00843-03
Docket No. 03001245
Mail Control 601321

Mr. Mathews, in order to complete our review of your request to add an AMP to the above license, we require the following additional information:

1. A complete permit from the University of Pennsylvania with signatures and an indication of which model device they possess(ed).
2. Confirmation that site specific training on operating and emergency procedures will be provided to Ms. Chen prior to her use of the device.
3. Additionally, if the device manufacturer at the University of Pennsylvania does not match that on your license, please provide device specific training to Ms. Chen by your current physicist or the manufacturer and submit documentation to support.

Please provide a response within 30 days via a signed pdf to my attention and reference the above mail control number. If we do not receive a reply within 30 days, we will consider that you no longer need the requested addition and void your request. Thank you for your assistance,

Penny Lanzisera
Senior HP
US NRC, Region 1