



COTTAGE HOSPITAL
OF
GROSSE POINTE

159 Kercheval Avenue Grosse Pointe Farms, Michigan 48236-3692 (313) 884-8600

Office of the Administrator

February 5, 1985

United States Nuclear Regulatory Commission
Region III
Material Licensing Branch
799 Roosevelt Road
Glen Ellyn, Illinois 60137

85 FL
U.S. NRC
LIC. FEE MGMT.

Dear Sir:

Please renew NRC Byproduct Material License 21-16425-01 which expires on February 28, 1985.

We have reviewed our present program and request the following changes:

1. Delete Mehdi Mahmoodzedegan, M.D. as an authorized user.
2. Add the following authorized users:

Pushar Parikh, M.D.
Ramanan S. Venkat, M.D.
Jehan R. Barbat, M.D.

Attached are preceptor statements for each physician.

3. Allow the use of an end-window GM type survey meter for assaying wipe tests. The wipe will be assayed by holding them up to, but not touching the end of the probe. The action level will be: any reading above background will be considered to be contaminated, which then needs to be cleaned up and rewiped.

Bicron Surveyor with an end-window probe
Gamma sensitivity: 2500 cpm/mR/hr
Window thickness: 1.4 to 2 mg/cm²
Efficiency: 30% for Tc-99m
Minimum range: 0 to 0.5 mR/hr
Maximum range: 0 to 50 mR/hr

Applicant: *Sub-15-III*
Check No. *104122*
Amount: *\$580.00*
Date Due: *2/18/85*
Received by: *J. Chan*

4. As an alternative to our present procedure, the dose calibrator can be checked for activity linearity with the use of a device called Calicheck from Calcorp, Inc. The manufacturer's instructions for use as revised on March 2, 1982, will be followed. Test results will be recorded and retained for inspection. Corrective action as stated in our license application will be followed if unacceptable linearity is demonstrated.

The person to contact regarding questions is Mr. Ray A. Carlson, Medical Physicist on staff at (313) 494-7364.

Enclosed is our check in the amount of \$580.00.

8506100499 850531
REG3 LIC30
21-16425-01 PDR

Sincerely yours,

CONTROL NO. 7 8 2 6 5

Ralph L. Wilgarde
Administrator

RECEIVED
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REGION III

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RLW:cam
Enclosure

Attached Note

Please note that Dr. Pushar Parikh's Preceptor Statements will be forwarded as soon as the hospital receives them. Thank you.

CONTROL NO. 7 8 2 6 5