



**GOOD  
SAMARITAN  
MEDICAL CENTER**

KENNETH S. JAMRON,  
F.A.C.H.A.  
President

**Deaconess Hospital Campus**

620 North 19th Street  
Milwaukee, Wisconsin 53233  
414/933-9600

**Lutheran Hospital Campus**

2000 West Kilbourn Avenue  
Milwaukee, Wisconsin 53233  
414/344-8800

May 22, 1985

USNRC Region III  
799 Roosevelt Road  
Glen Ellyn IL 60137

ATTN: Ms. Pat Vacherlon

Dear Ms. Vacherlon;

A per our conversation on May 22, 1985 I have enclosed the information you requested regarding our Xenon ventilation system.

As to the Group VI portion of our license, we will shortly have a physician who is qualified to perform procedures listed in Group VI, this individual will also supervise Dr. Paul Goldsteins' SR-90 eye therapy procedures. When this individual arrives we will provide the necessary information for processing this portion of our license.

To avoid an additional amendment fee we would like to have you send us a letter indicating that we have no physician qualified for Group VI procedures and we will respond accordingly. We hope that this process will not hinder our entire application process.

Our main goal is to get our license approved so we can move forward with our clinic arrangements.

I sincerely appreciate your efforts in this matter. If you have any additional questions please feel free to contact me at 414-937-5228.

Sincerely,

Todd Kranpitz, Manager  
Nuclear Medicine Department  
Good Samaritan Medical Center

TK/lmb

**RECEIVED  
MAY 24 1985  
REGION III**

8507260136 850621  
REQ3 LIC30  
48-00988-04 PDR

MAY 24 1985

CONVERSATION RECORD

TIME

3:35 pm

DATE

5-15-85

TYPE

☐ VISIT

☐ CONFERENCE

☐ TELEPHONE

☐ INCOMING

☐ OUTGOING

ROUTING

NAME/SYMBOL

INT

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

ORGANIZATION (Office, dept., bureau, etc.)

Good Samaritan

TELEPHONE NO.

(414) 937-5228

SUBJECT

Todd Kransitz

SUMMARY

Will issue for change of address:-

will write cover letter itemizing areas that will need additional info. If we delete these users we'll have to put Gp II sources in storage.

send to:

2000 W. Kilbourn Avenue

Milwaukee, WI

Todd

5-16-85 Spoke with Todd Kransitz

Matl to Family Health Center -

material will go directly to Family Health Center

no transfer involved to Family Health

remove 620 W. 19<sup>th</sup> St address from lic. Center.

ACTION REQUIRED

Supplement A's are for Whalen and Verolule experience they are not for Dr. Collier.

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

P. Vachuson

5-15-85

ACTION TAKEN

SIGNATURE

TITLE

DATE

CONVERSATION RECORD

TIME

DATE

5-18-85

TYPE

☐ VISIT

☐ CONFERENCE

☐ TELEPHONE

☐ INCOMING

☐ OUTGOING

ROUTING

NAME/SYMBOL INT

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT  
WITH YOU

SUBJECT

ORGANIZATION (Office, dept., bureau,  
etc.)

Good Samaritan (414) 937-  
Medical Center 5228

TELEPHONE NO.

Cont'd -

SUMMARY

The new license request really should be  
an amendment in its entirety rather than  
a new license.

I told Ted I would:

1. issue the amendment for the new address  
and to add Family Health Center
2. amend license to put Group VI in storage  
until such time as an authorized user  
is added
3. Write him a cover letter itemizing the  
additional information I'll need for the  
addition of Group VI

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

P. Vachon

5-18-85

ACTION TAKEN

SIGNATURE

TITLE

DATE

# CONVERSATION RECORD

TIME <sup>00</sup>  
3 pm

DATE  
5-15-85

Page 5

TYPE

☐ VISIT

☐ CONFERENCE

☐ TELEPHONE

☐ INCOMING

☐ OUTGOING

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

ORGANIZATION (Office, dept., bureau, etc.)

TELEPHONE NO.

SUBJECT

Xenon-133 usage in Nuc Med Lab -

ROUTING

NAME/SYMBOL

INT

SUMMARY

First amendment request for Xenon listed inflow of air @ 1000 CFM exhaust @ 1200 CFM

new req. lists 1200 CFM inflow 550 CFM exhaust

\* Also - does exhaust go directly out the window to the outside? If so - are there any open windows or intake ducts in the vicinity of the exhaust.

Ans: no open windows around the exhaust window from the nuc med. department. will send me a letter clarifying the air circulation to the nuclear medicine department.

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

P. Vachon

5-15-85

ACTION TAKEN

SIGNATURE

TITLE

DATE