

MATERIALS LICENSE
SUPPLEMENTARY SHEET

License Number

SNM-1637

Docket or Reference Number

070-02281

OFFICIAL RECORD COPY

Amendment No. 07

Bryn Mawr Hospital
130 S. Bryn Mawr Avenue
Bryn Mawr, Pennsylvania 19010

In accordance with the letter received August 26, 1996 and the letter dated August 28, 1996, License Number SNM-1637 is hereby terminated.

Date

SEP 26 1996

For the U.S. Nuclear Regulatory Commission

Original Signed By:
Michelle Beardsley

By

Nuclear Materials Safety Branch
Region I
King of Prussia, Pennsylvania 19406

9610070109 960926
PDR ADOCK 07002281
C PDR

ML 10

SEP 26 1996

Mr. William McCune
Vice President
Bryn Mawr Hospital
130 S. Bryn Mawr Avenue
Bryn Mawr, PA 19010

Dear Mr. McCune:

Please find enclosed Amendment No. 07 terminating License No. SNM-1637 as requested by the letter received August 26, 1996 and the letter dated August 28, 1996.

Your cooperation with us is appreciated.

Sincerely,

Original Signed By:

Michelle Beardsley
Division of Nuclear Materials Safety

License No. SNM-1637
Docket No. 070-02281
Control No. 123606

Enclosure:
Amendment No. 07

DOCUMENT NAME: R:\WPS\MLTR\LSNM1637

To receive a copy of this document, indicate in the box: "C" = Copy w/o attach/encl "E" = Copy w/ attach/encl "N" = No copy

OFFICE	DNMS/RI	N	DNMS/RI			
NAME	Stambaugh/jvs	AS	Beardsley			
DATE	08/28/96	9/12/96	08/12/96	08/ /96	08/ /96	

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MS 16

L-Ø

August 28, 1996

070-02281
SNM-1637

U.S. NRC
Region One
475 Allendale Road
King of Prussia, PA 19406

Attention: Joanne Stambaugh

Dear Ms. Stambaugh,

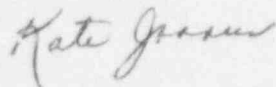
Case Reference # 123606

I have enclosed copies of our documentation concerning the Coratronic Pacemaker Model # C 101 and Serial # 196. The pacemaker was sent to our nuclear medicine department after explantation and forwarded to Biocontrol Technologies, 300 Indian Springs Road Indiana, PA 15701.

Documentation of the actual explantation surgery would have to come from Crozer-Chester Medical Center.

If I can be of any further assistance please do not hesitate to call.

Sincerely,



Kate Jaanus RT N

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ML 10

123606

SEP - 4 1996

Joanne -

here are copies of

1. letter sent to Colatronix from
our RSO
2. Copy of air-bill (proof of
shipment)
3. Copy of radiation safety
Committee minutes referring
to our desire to
cancel license.

5 Sep 95

Coratomic (R-wave inhibited pacer)

Model C101

Serial No. 186

Plutonium-238 < 4.3 Curies

1975

5 Sep 95

Coratomic pacemaker containing
Pu-238, removed from [Dr
J. E. Strong's patient) in Crozer-Keight
Medical Center, was returned to Biocontrol
Technologies, Inc. (att.: John Kleingensmith)
in a special shipping box today.

USE THIS AIRBILL FOR DANGEROUS GOODS SHIPMENTS ONLY WITHIN THE CONTINENTAL U.S.A., ALASKA AND HAWAII.
USE THE INTERNATIONAL AIR WAYBILL FOR SHIPMENTS TO PUERTO RICO AND ALL NON U.S. LOCATIONS.
QUESTIONS? CALL 800-238-5677 TOLL FREE.

AIRBILL
PACKAGE
TRACKING NUM

9763647154

9763647154

SENDER'S COPY

Sender's Federal Express Account Number		Date	
9-5-95			
From (Your Name) Please Print		To (Recipient's Name) Please Print	
Your Phone Number (Very Important)		Recipient's Phone Number (Very Important)	
Company		Company	
Department/Floor No.		Department/Floor No.	
Street Address		Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. Zip Codes)	
State		State	
ZIP Required		ZIP Required	

IF INTERNAL BILLING REFERENCE INFORMATION (First 24 characters will appear on invoice.)

IF HOLD FOR PICK-UP, Print FEDEX Address Here (Not available at all locations)

BILL TO		BILL FROM	
1 <input type="checkbox"/> Bill Sender 2 <input checked="" type="checkbox"/> Bill Recipient's FedEx Acct. No. 3 <input type="checkbox"/> Bill 3rd Party FedEx Acct. No. 4 <input type="checkbox"/> Bill Credit Card		City	
Acct./Credit Card No. 0192-0572-4		State	
EAG Date		ZIP Required	

SERVICES (Check only one box)		DELIVERY AND SPECIAL HANDLING (Check services required)		PACKAGES		WEIGHT in Pounds Oz		YOUR DECLARED VALUE (See right)		SERVICE CONDITIONS, DECLARED VALUE AND LIMIT OF LIABILITY		Federal Express User Basic Charges			
1 <input type="checkbox"/> Standard Overnight (Delivery by next business morning)		1 <input type="checkbox"/> HOLD FOR PICK-UP (If in box 1)		2 <input type="checkbox"/> DELIVER WEEKDAY		3 <input type="checkbox"/> DELIVER SATURDAY (Extra charge) (Not available to all locations)		4 <input checked="" type="checkbox"/> DANGEROUS GOODS (Extra charge)		5 <input type="checkbox"/> DRY ICE (Extra charge)		6 <input type="checkbox"/> OTHER SPECIAL SERVICE		7 <input type="checkbox"/> OTHER SPECIAL SERVICE	
51 <input type="checkbox"/> Heavyweight (For Extra Large or any package over 150 lbs)		2 <input type="checkbox"/> DELIVER SATURDAY (Extra charge)		3 <input type="checkbox"/> DELIVER SATURDAY (Extra charge)		4 <input type="checkbox"/> DANGEROUS GOODS (Extra charge)		5 <input type="checkbox"/> DRY ICE (Extra charge)		6 <input type="checkbox"/> OTHER SPECIAL SERVICE		7 <input type="checkbox"/> OTHER SPECIAL SERVICE		8 <input type="checkbox"/> OTHER SPECIAL SERVICE	
70 <input type="checkbox"/> HEAVYWEIGHT**		3 <input type="checkbox"/> DELIVER SATURDAY (Extra charge)		4 <input type="checkbox"/> DANGEROUS GOODS (Extra charge)		5 <input type="checkbox"/> DRY ICE (Extra charge)		6 <input type="checkbox"/> OTHER SPECIAL SERVICE		7 <input type="checkbox"/> OTHER SPECIAL SERVICE		8 <input type="checkbox"/> OTHER SPECIAL SERVICE		9 <input type="checkbox"/> OTHER SPECIAL SERVICE	
80 <input type="checkbox"/> DEFERRED HEAVYWEIGHT**		4 <input type="checkbox"/> DANGEROUS GOODS (Extra charge)		5 <input type="checkbox"/> DRY ICE (Extra charge)		6 <input type="checkbox"/> OTHER SPECIAL SERVICE		7 <input type="checkbox"/> OTHER SPECIAL SERVICE		8 <input type="checkbox"/> OTHER SPECIAL SERVICE		9 <input type="checkbox"/> OTHER SPECIAL SERVICE		10 <input type="checkbox"/> OTHER SPECIAL SERVICE	
Instructions (Check only one box)		5 <input type="checkbox"/> HEAVYWEIGHT**		6 <input type="checkbox"/> DEFERRED HEAVYWEIGHT**		7 <input type="checkbox"/> OTHER SPECIAL SERVICE		8 <input type="checkbox"/> OTHER SPECIAL SERVICE		9 <input type="checkbox"/> OTHER SPECIAL SERVICE		10 <input type="checkbox"/> OTHER SPECIAL SERVICE		11 <input type="checkbox"/> OTHER SPECIAL SERVICE	
Dangerous Goods as per attached Shipper's Declaration		6 <input type="checkbox"/> DEFERRED HEAVYWEIGHT**		7 <input type="checkbox"/> OTHER SPECIAL SERVICE		8 <input type="checkbox"/> OTHER SPECIAL SERVICE		9 <input type="checkbox"/> OTHER SPECIAL SERVICE		10 <input type="checkbox"/> OTHER SPECIAL SERVICE		11 <input type="checkbox"/> OTHER SPECIAL SERVICE		12 <input type="checkbox"/> OTHER SPECIAL SERVICE	
Cargo Aircraft only		7 <input type="checkbox"/> OTHER SPECIAL SERVICE		8 <input type="checkbox"/> OTHER SPECIAL SERVICE		9 <input type="checkbox"/> OTHER SPECIAL SERVICE		10 <input type="checkbox"/> OTHER SPECIAL SERVICE		11 <input type="checkbox"/> OTHER SPECIAL SERVICE		12 <input type="checkbox"/> OTHER SPECIAL SERVICE		13 <input type="checkbox"/> OTHER SPECIAL SERVICE	

9763647154

AIRBILL NUMBER

SHIPPER'S CERTIFICATION FOR RESTRICTED ARTICLES/DANGEROUS GOODS

CHECK ONE ☐ 49 CFR

☒ IATA/ICAO

(TYPE OR PRINT)

DANGEROUS GOODS IDENTIFICATION		UN OR ID NO	SUBSIDIARY RISK	QUANTITY AND TYPE OF PACKING	PACKING INST	AUTHORIZATION
PROPER SHIPPING NAME	CLASS OR DIVISION					
	7	2074				

ADDITIONAL HANDLING INFORMATION		TRANSPORT DETAILS		THIS SHIPMENT IS WITHIN THE LIMITATIONS PRESCRIBED FOR		PASSENGER AIRCRAFT		CARGO AIRCRAFT ONLY		(DELETE-NONAPPLICABLE)	
		PORT OF DEPARTURE		AIRPORT OF DESTINATION		SHIPMENT TYPE		NON-RADIOACTIVE		RADIOACTIVE	

IF ACCEPTABLE FOR PASSENGER AIRCRAFT, THIS SHIPMENT CONTAINS RADIOACTIVE MATERIAL INTENDED FOR USE IN, OR INCIDENT TO, RESEARCH, MEDICAL DIAGNOSIS OR TREATMENT.

I HEREBY DECLARE THAT THE CONTENTS OF THIS CONSIGNMENT ARE FULLY AND ACCURATELY DESCRIBED ABOVE BY PROPER SHIPPING NAME AND ARE CLASSIFIED, PACKED, MARKED, AND LABELED, AND ARE IN ALL RESPECTS IN PROPER CONDITION FOR TRANSPORT BY AIR ACCORDING TO THE APPLICABLE INTERNATIONAL AND NATIONAL GOVERNMENT REGULATIONS.

NAME AND TITLE OF SHIPPER		PLACE AND DATE	
EMERGENCY TELEPHONE NUMBER		SIGNATURE OF SHIPPER	
		SEE WARNING ON BACK	

NUCLEAR MEDICINE PERFORMANCE IMPROVEMENT
REPORTS/MINUTES
RADIATION SAFETY MEETING

~~88-3426473~~

Date: June 19, 1996

Attendance: Drs. M. J. Eymontt, R. J. Carella, E. Assarsson; W. McCune, L. Thompson, L. Quinn, V. Wright,
K. Jaanus, L. Mixon.

~~88-3426473~~

PLAN	DO	CHECK	ACT
Approval of Minutes.	Minutes approved from 3/27/96 meeting.		
Radiation Dosemetry Reports.	All badges were ALARA.	Continue to check.	Continue to monitor.
Mis-administration/Adverse Effects.	No incidents of mis-administration to report for Nuclear Medicine or Radiation Oncology.		
New Communications.	NRC license fee.	\$4,300.00 charge.	Fee to be split between Nuclear Medicine and Radiation Oncology Departments.
Old Business	Cancel pacemaker license SNM-163.		Compose letter to NRC with William McCune to sign advising cancellation of pacemaker license SNM-163.
New Business	Discussed best way to fill in gap of RSO coverage 6/28, 29, 30.		NRC contacted. Dr. Rauth will be delegating duties of RSO and overseeing operations of Nuclear Medicine Department to Dr. Nancy Sherwin of Lankenau Hospital for 6/28, 29, 30, 1996. As of July 1, 1996, Dr. Rauth will resume duties of RSO and physician for the Nuclear Medicine Department.

TELEPHONE CONVERSATION RECORD		Date:	Time:
CONTROL No.	123606	8/28/96	10:00 AM
Person Called:	Kate Janice	Organization: Bryn Mawr Hospital	Telephone Number: 526-3000
Person Calling:	J. Stanbaugh		
Subject:	Lic termination		
Summary:	<p>Requested paperwork be forwarded to the office for review. Licensee will submit all documentation available.</p>		
Licence No.	SNM-1637	Docket No. 070-02281	
Action Required/Taken:	Letter		
Signature:	J. Stanbaugh	Date:	8/28/96

OFFICIAL RECORD COPY

ML 10

THE
BRYN MAWR
HOSPITAL

MAIN
LINE HEALTH SYSTEM

130 South Bryn Mawr Avenue
Bryn Mawr, Pennsylvania 19010-3160
610/526-3000

070-02281

Mr. Frank Costello, Chief
Medical Licensing Section
U.S. Nuclear Regulatory Commission
Region I
475 Allendale Road
King of Prussia, PA 19406

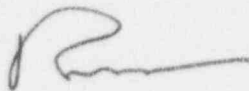
RE: License Number SNM - 1637

Dear Mr. Costello:

This letter is sent to request the termination of the pacemaker license for the Bryn Mawr Hospital. Since the last pacemaker has been explanted, we are requesting that License SNM-1637 be terminated immediately.

This information is submitted in regard to the Bryn Mawr Hospital's commitment to maintain full compliance with its NRC license. We trust that this request will be acceptable to the Nuclear Regulatory Commission. Should you have any questions or require additional information or details, please contact us at any time.

Sincerely,



William McCune
Vice President

Termination
FEE EXEMPT

OFFICIAL RECORD COPY

ML 10

123606

AUG 26 1996

(FOR LFMS USE)
INFORMATION FROM LTS

```
: PROGRAM CODE: 22160  
: STATUS CODE: 0  
: FEE CATEGORY: EX 7C  
: EXP. DATE: 20020731  
: FEE COMMENTS: PACEMAKER/37-07722-04  
: DECOM FIN ASSUR REQD: N
```

A. REGION

2. FEE ATTACHED

AMOUNT:

CHECK NO.:

3. COMMENTS

SIGNED

DATE _____

B* LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED / 33 /)

1. FEE CATEGORY AND AMOUNT:

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:

AMENDMENT

RENEWAL

LICENSE

3. OTHER

SIGNED

DATE _____

RECEIVED BY LFDCB
Date August 29, 1996
Log Aug 16 I
By SC
Date Completed 9/3/96