

ST JOHN
Health System

Saratoga
Hospital

15000 Gratiot Avenue
Detroit, MI
48205-1999
313.245.1200

030-11822

May 30, 1997

U.S. Nuclear Regulatory
Region III
801 Warrensville Road
Lisle, IL

RE: License #21-16891-01
SR-89 Calibration for QMD Program

To Whom It May Concern:

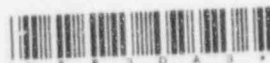
The purpose of this correspondence is to inform you that we will use the vendor's dose calibration as the calibration of record for SR-89 therapies.

Any questions regarding this correspondence may be directed to Frederick Urban at (216) 982-1110.

Sincerely,

James M. Switzer
James M. Switzer, M.D.
Radiation Safety Officer

9706190434 970530
PDR ADOCK 03011822
C PDR



190074

RECEIVED
JUN 06 1997
REGION III

JUN 06 1997

ML
31 DH

Pm:6-3-97

*File: 4/12/97
with 35-89 calibration
a vendor calibration of 35-300
was done. This file with
2 mp.*

DATE: 6-12-97

CORRESPONDENCE CLARIFICATION SHEET

REVIEWER:

~~BJ HOLT~~ FRAZIER

LICENSEE:

ST. JOHN

LICENSE NUMBER:

21-16891-01

The following correspondence has been received from the above licensee and it is not clear what action(s) is(are) required: Please review this correspondence and indicate which of the following applies, and please return to Debbie Hersey, as soon as possible.

☐ Additional Information to Control No. _____
Process in as a new action, additional information, and no fee required.

☐ Process as new licensing action. Review has already been started on Control No. _____ and this information cannot be combined with current in-house action.

☐ Can be combined with Control No. _____. Review has not started.

☒ Appears to be information for the license file - file it.

QMP Section

☐ Licensee is adding Nuclear Pharmacists.

☐ Amendment is necessary _____. Amendment is not necessary _____.
(Information for license file)

☐ Licensee is adding authorized users.

☐ A check is included _____. No check is included _____.
Amendment is necessary _____. Amendment is not necessary _____.
(This is a Notification)

☐ Process in as a new licensing action:

- A. Amendment _____
B. Renewal _____
C. New License Application _____

☐ Other: _____

Thank You For Your Help!!!

10/16/96