



12935 South Gregory Street  
Blue Island, Illinois 60406  
312-597-2000

November 1, 1985

03001517

Licensing Section  
U.S. Nuclear Regulatory Commission  
Region III  
799 Roosevelt Road  
Glen Ellyn, Illinois 60137

Reference: License No. 12-10094-01

Gentlemen:

Please accept this letter as application to amend our license to increase the possession limit of I-131 for therapeutic uses to a maximum of 600 millicuries.

Attached is a check for \$120.00 for the amendment filing fee.

Sincerely,

*Bryant R. Hanson*

Bryant R. Hanson  
Executive Director

enclosure

*Nov. 10-III*

Applicant	
Check No.	
Amount Due	
Type of Fee	<i>AMD (75)</i>
Date Check Rec'd	<i>10/12/85</i>
Received By	<i>not necessary</i>

8602240084 851101  
REG3 LIC30  
12-10094-01 PDR

CONTROL NO. 80109



A MEMBER OF THE SISTERS OF ST. MARY HEALTH CARE SYSTEM

RECEIVED  
NOV 12 1985  
REGION III

RECEIVED  
85 NOV 18 AM 1:43  
U.S. N.R.C.  
12. FEE MGMT. BRANCH

NOV 12 1985  
*ML 30 1/1*

# ST. FRANCIS HOSPITAL

12935 South Gregory Street Blue Island, Illinois 60406

312-597-2000

PURCHASE  
ORDER NO.

PO- 006707

THE ABOVE NUMBER MUST APPEAR ON ALL  
CARTONS, INVOICES, SHIPPING DOCUMENTS  
AND CORRESPONDENCE RELATIVE TO THIS  
ORDER

U.S. Nuclear Regulatory Commission  
Region III  
799 Roosevelt Road  
Glen Ellyn, IL., 60137

PLEASE ENTER OUR ORDER FOR THE FOLLOWING  
ITEMS: SUBJECT TO ALL CONDITIONS ON THE  
FACE AND BACK OF THIS ORDER.

## TERMS AND CONDITIONS

It is requested that packing slip be securely attached to exterior of shipping carton.

This Order may not be modified or changed orally or in any other manner, except in writing signed by the authorized representative of the Purchasing Department.

All merchandise must be delivered to Receiving between 8:00 A.M. - 4:00 P.M.

Transportation charges shall be prepaid to point of delivery specified, and add to invoice. Any prepaid charges must be supported at time of invoice by freight or express receipts including Hospital purchase order number.

Acceptance of all goods and materials furnished under this Order are subject to buyers' inspection at point of use. Payment for materials delivered prior to inspection shall not constitute acceptance thereof.

The buyers reserve the right to return any or all items not deemed acceptable for any reason by mutual agreement and in compliance with seller policy regarding returns.

The delivery date of items involved with construction must be confirmed with the Purchasing Office 5 working days before delivery. Any deliveries on this purchase order must be confirmed 5 working days before delivery if the items require a mechanical or construction connection to the building.

It shall be the responsibility of the seller to arrange for returning items shipped in error or duplication at no cost to the buyer in a period of time not exceeding normal delivery shall be rendered.

The seller must advise the buyer by return mail of extended delivery times or back order situations of items in this order.

Non-compliance with the instructions and conditions of this Order will be cause for refusal of shipment.

St. Francis Hospital is a non-profit institution exempt from the Retailers' Occupation Tax and the Service Occupation Tax and the Service Use Tax.

We will not be responsible for goods or services delivered or rendered except on a properly authorized Purchase Order.

This Purchase Order is subject to all terms and conditions as shown on the face and back.

DATE OF ORDER		DATE REQUIRED		TERMS	SHIP VIA	F. O. B.	DEPARTMENT	
11-3-85		ASAP		n/30	b/w	delvd.		Nuclear Medicine
ITEM NO.	QUANTITY UNIT	DESCRIPTION				ACCT.	PRICE PER UNIT	AMOUNT
1	1 ea.	Amendment fee license #12-10094-01				780726		120.00
		Possession limit of I-131 therapeutic uses to						
		a maximum of 600 milli curies						
							<b>TOTAL</b>	120.00

BY

AUTHORIZED SIGNATURE

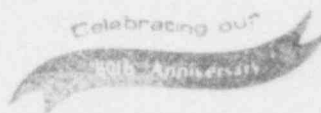
VENDOR

CONTROL NO. 80109



12935 South Gregory Street  
Blue Island, Illinois 60406

**CLINICAL SCIENCES**



U.S. Nuclear Regulatory Commission  
Region III  
799 Roosevelt Road  
Glen Ellyn, Ill. 60137

CONTROL NO. 80109



# CONVERSATION RECORD

TIME

DATE

11/27/85

TYPE

☐ VISIT

☐ CONFERENCE

☒ TELEPHONE

☒ INCOMING

☐ OUTGOING

ROUTING

NAME/SYMBOL INT

Location of Visit/Conference:

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

Mr Ernest

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

St Francis Hosp.  
Blue Island

TELEPHONE NO.

597-2000

EX 5985

SUBJECT

Control # 80109 - License # 12-10094-01

SUMMARY

Mr. Ernest asked to cancel Amendment request.

License already allows for possession limit in

request.

ACTION REQUIRED

Void application

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

B. Schnulle

DATE

ACTION TAKEN

SIGNATURE

TITLE

DATE

50271-101

GPO : 1981 O - 361-526 (7227)

CONVERSATION RECORD

OPTIONAL FORM 271 (12-76)  
DEPARTMENT OF DEFENSE

ML3011



UNITED STATES  
NUCLEAR REGULATORY COMMISSION  
REGION III  
799 ROOSEVELT ROAD  
GLEN ELLYN, ILLINOIS 60137

BETWEEN: William O. Miller, Chief  
License Fee Management Branch  
Office of Administration

Regional License Section  
Material Licensing Branch  
FCMS, Office of Nuclear Material  
Safety & Safeguards

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: St. Francis Hospital  
Application Dated: November 1, 1985  
Control No.: CONTROL NO. 80109  
License No.: 12-10094-01

2. FEE ATTACHED

Amount: 0-<sup>+</sup>  
Check No.: 0

3. COMMENTS

02120 1/89

Signed B. Schnulle  
Date NOV 12 1985

B. LICENSE FEE MANAGEMENT BRANCH

1. Fee Category and Amount: 7C

2. Correct Fee Paid. Application may be processed for:

Amendment ✓  
Renewal \_\_\_\_\_  
License \_\_\_\_\_

Signed me  
Date 11/19