

December 10, 2021  
Mr. Roberto Torrez, NRC Region IV  
NRC License 49-01380-01

CRMC would like to request the license amended to include the administration of Y-90. This letter is meant to provide the information required by NRC Form 313. The guidance provided in the "Yttrium-90 Microsphere Brachytherapy Sources and Devices TheraSphere and SIR-Spheres Licensing Guidance" document dated April 20, 2021, Revision 10.2 (*Y-90 MBSD TS&SIR LG, 4.20.21,10.2*) will be used as our guide for this request.

Required information will be provided by number reference from that document.

**3. Licensing Guidance:** CRMC currently is in compliance with 10 CFR 30.33 & 35.12.

**4. General:**

**4.1 Requirements not Specific to 10 CFR 35.1000 Use.** CRMC currently is in compliance with the requirements of this section.

**4.2 Radionuclides, Form, Possession Limits, and Purpose of Use**

The physical form of the radionuclide along with maximum possession limit and purpose of use is described in the following table.

	TheraSphere®	SIR-Spheres®
Radionuclides (NRC Form 313 Item 5a)	Yttrium-90	Yttrium-90
Chemical/Physical Form (NRC Form 313 Item 5b)	Glass microsphere (current manufacturer as listed in the Sealed Source and Device Registry [e.g., BWXT Medical Ltd. Model Thera® ])	Resin microsphere (current manufacturer as listed in the Sealed Source and Device Registry [ e.g., Sirtex Model SIR-Spheres®])
Maximum Possession Limit (NRC Form 313 Item 5c)	3 Ci total	3 Ci total
Purpose of Use (NRC Form 313 Item 6)	TheraSphere® for permanent brachytherapy using delivery system as listed in the Sealed Source and Device Registry	SIR-Spheres® for permanent brachytherapy using delivery system as listed in the Sealed Source and Device Registry

**4.3 Facility Address and Description**

Memorial Hospital of Laramie County  
dba Cheyenne Regional Medical Center  
310 East 24th Street  
Cheyenne, WY 82001

Y-90 microspheres will be stored in the Hot Lab and used in the Interventional Radiology Lab or one of the Cardiac Cath Labs.

## **5. Training and Experience**

The guidance provided by '*Y-90 MBSD TS&SIR LG, 4.20.21,10.2*' will be followed.

### **5.1 Authorized Users**

The guidance provided by '*Y-90 MBSD TS&SIR LG, 4.20.21,10.2*' will be followed.

### **5.2 Radiation Safety Officer**

The guidance provided by '*Y-90 MBSD TS&SIR LG, 4.20.21,10.2*' will be followed.

### **5.3 Training and Experience Documentation**

The guidance provided by '*Y-90 MBSD TS&SIR LG, 4.20.21,10.2*' will be followed.

### **5.4 Team Approach**

The guidance provided by '*Y-90 MBSD TS&SIR LG, 4.20.21,10.2*' will be followed.

### **5.5 Notification**

The guidance provided by '*Y-90 MBSD TS&SIR LG, 4.20.21,10.2*' will be followed.

### **5.6 Grandfathering**

The guidance provided by '*Y-90 MBSD TS&SIR LG, 4.20.21,10.2*' will be followed.

## **6. License Commitments**

The guidance provided by '*Y-90 MBSD TS&SIR LG, 4.20.21,10.2*' will be followed.

### **6.1 Procedures for Aministration**

The guidance provided by '*Y-90 MBSD TS&SIR LG, 4.20.21,10.2*' will be followed.

### **6.2 Written Directives**

The guidance provided by '*Y-90 MBSD TS&SIR LG, 4.20.21,10.2*' will be followed.

### **6.3 Medical Event Reporting**

The guidance provided by '*Y-90 MBSD TS&SIR LG, 4.20.21,10.2*' will be followed.

### **6.4 Sealed Source and Device Use**

The guidance provided by '*Y-90 MBSD TS&SIR LG, 4.20.21,10.2*' will be followed.

### **6.5 Inventory**

The guidance provided by '*Y-90 MBSD TS&SIR LG, 4.20.21,10.2*' will be followed.

### **6.6 Labeling**

The guidance provided by '*Y-90 MBSD TS&SIR LG, 4.20.21,10.2*' will be followed.

### **6.7 Patient Release**

The guidance provided by '*Y-90 MBSD TS&SIR LG, 4.20.21,10.2*' will be followed.

Please refer to attachment 'Patient Release Instructions'.

### **6.8 Surveys**

The guidance provided by '*Y-90 MBSD TS&SIR LG, 4.20.21,10.2*' will be followed.

### **6.9 Radiation Protection Program Changes**

The guidance provided by '*Y-90 MBSD TS&SIR LG, 4.20.21,10.2*' will be followed.

In addition we request an ammendment to incorporate into our license a change process similar to 10 CFR 35.26.

## **7. Notices to Licensees**

### **7.1 Change in Physical Conditions of Use**

The guidance provided by '*Y-90 MBSD TS&SIR LG, 4.20.21,10.2*' will be followed.

### **7.2 Use of Other Y-90 Microspheres**

The guidance provided by '*Y-90 MBSD TS&SIR LG, 4.20.21,10.2*' will be followed.

### **7.3 Waste Disposal Issues**

The guidance provided by '**Y-90 MBSD TS&SIR LG, 4.20.21,10.2**' will be followed.

In addition we request an amendment to allow for disposal of Y-90 waste following storage for a time sufficient to ensure Y-90 microsphere waste can not be distinguished from the background level using an appropriate radiation detection survey meter, such as a Ludlum Model 14C with a Model 44-9 detector attached.

### **7.4 Autopsy and Cremation**

The guidance provided by '**Y-90 MBSD TS&SIR LG, 4.20.21,10.2**' will be followed.

Thank you for your assistance with this important matter.

A handwritten signature in blue ink that reads "J. Michael Seamon". The signature is written in a cursive, flowing style.

J. Michael Seamon, M.S., DABR  
Cheyenne Regional Medical Center, R.S.O.

**From:** [Joseph Seamon](#)  
**To:** [Torres, Roberto](#); [Hill, Carol](#)  
**Cc:** [joel.mcallister@yahoo.com](mailto:joel.mcallister@yahoo.com)  
**Subject:** [External\_Sender] 49-01380-01  
**Date:** Monday, December 13, 2021 5:01:19 PM  
**Attachments:** [Y-90 application letter.pdf](#)  
[RSO Dec.13.2012.pdf](#)  
[JRM ABR 2019 and Status.pdf](#)  
[Rose Amendment 32.pdf](#)

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Hi Mr. Torres,

I would like to submit two License Amendment Request. One to add 35.1000 service for Y-90 administration and the second for a change of Radiation Safety Officer.

Thank you for your kind consideration of these two additional requests.

Joseph Michael Seamon, M.S., DABR, R.S.O.  
Cheyenne Regional Medical Center



## ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

## Name and Address of Applicant and/or Licensee

Joseph Michael Seamon, M.S., DABR  
Radiation Safety Officer  
Memorial Hospital of Laramie County  
dba Cheyenne Regional Medical Center  
310 East 24th Street  
Cheyenne, WY 82001

(Add Y-90)

## Date

12/16/2021

## License Number(s)

49-01380-01

## Mail Control Number(s)

629498

## Licensing and/or Technical Reviewer or Branch

C. Hill

This is to acknowledge receipt of your: ☒ Letter and/or ☐ Application Dated: 12/101/2021

The initial processing, which included an administrative review, has been performed.

☒ Amendment ☐ Termination ☐ New License ☐ Renewal

☐ There were no administrative omissions identified during our initial review.

☐ This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.

☐ Your application for a new NRC license did not include your taxpayer identification number. Please complete and submit NRC Form 531, Request for Taxpayer Identification Number, located at the following link: <http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>  
Follow the instructions on the form for submission.

☐ The following administrative omissions have been identified:

Your application has been assigned the above listed MAIL CONTROL NUMBER. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

Region IV  
U. S. Nuclear Regulatory Commission  
DNMS/NMSB - B  
1600 E. Lamar Boulevard  
Arlington, TX 76011-4511  
(817) 200-1103 or (817) 200-1140

## Accounts Receivable/Payable and Regional Licensing Branches

Program Code: 02230  
Status Code: Pending Amendment  
Fee Category: 7C  
Exp. Date: 08/31/2030  
Fee Comments: CODE 13  
Decom Fin Assur Req: N

## A. REGION

Applicant/Licensee:	Memorial Hospital of Laramie County
Received Date:	12/13/2021
Docket Number:	3003496
Mail Control Number:	629498
License Number:	49-01380-01
Action Type:	Decommissioning

Amount: N/A

Check No.: N/A

Signed: Carol L. Hill

Date: 12/16/2021

1. Fee Category and Amount:

Amendment:

Renewal: \_\_\_\_\_

License:

Signed:

Date: \_\_\_\_\_

Agency: NRC

## WBL WORKSHEET

DOCKET NUMBER: 3003496	LICENSE NUMBER: 49-01380-01	STATUS: Pending Amendment
MAIL CONTROL NUMBER: 629498	RECEIPT DATE: 12/13/2021	ACTION TYPE: Decommissioning
DUE DATE: 03/13/2022	INST. CODE: 1380	LICENSE REGION: Region 4
LICENSE TYPE: 30	ENTITY TYPE: C	LICENSE GROUP: Medical
ISSUE DATE: 11/15/2021	ORIGINAL DATE: 10/25/1988	EXPIRATION DATE: 08/31/2030
DECOMMISSIONING CATEGORY: Group 1	LAST ISSUE DATE: 11/15/2021	
LICENSEE NAME: Memorial Hospital of Laramie County	DECOM FIN ASSUR REQD: N SUBM: N	
MAILING ADDRESS LINE1: 310 East 24th Street	CONT PLAN REQD: N	APPRV: N
MAILING ADDRESS LINE 2:		
CITY: Cheyenne	STATE: WY	ZIP: 82001
CONTACT PERSON: PREFIX:	FIRST NAME: Michelle	MIDDLE INITIAL: V.
LAST NAME: Sprankle	SUFFIX:	
JOB TITLE: MRI and Nuclear Medicine Mar	PHONE: 307-633-7806	FAX: 307-214-7753
EMAIL: michelle.sprankle@crm		
BILLING ADDRESS LINE 1:		
BILLING ADDRESS LINE 2:		
CITY:	STATE: Wyoming	ZIP:
BILLING CONTACT PERSON: FIRST NAME:	MIDDLE INITIAL:	LAST NAME:
PHONE:	EMAIL:	FAX:
PRIMARY PGM CODE: 02230	SECONDARY PGM CODE: 02120	
INSPECTION REGION: Region 4	PRIORITY: 2	
RSO: PREFIX:	FIRST NAME: Joseph	MIDDLE INITIAL: Micha LAST NAME Seamon
SUFFIX: M.S., DABR	RSO JOB TITLE: Radiation Safety Officer	
RSO PHONE: 307-633-7806	RSO FAX: 307-214-7753	RSO EMAIL: jmseamon1@mindspring.com
STATES WHERE USE IS AUTHORIZED: 1	0- ALL LISTED STATES 1- SAME AS STATE IN ADDRESS 2- ALL STATES 3- NON-AGREEMENT-STATES	
AUTHORIZED STATES (USE ONLY IF ABOVE IS ZERO):		