

DL-082897-06

**COLUMBIA**  
**Pentagon City Hospital**

2455 Army Navy Drive  
Arlington, Virginia 22206  
Phone (703) 920-6700 Fax (703) 553-1601  
COLUMBIA's home page is <http://www.columbiacorp.com>

August 28, 1997

Attn: Earl Wright  
U.S. Nuclear Regulatory Commission, Region II  
61 Forsyth Street, S.W., Suite 23T85  
Atlanta, Georgia 30303

Re: Amendment to NRC radioactive materials license, NRC-45-17123-01

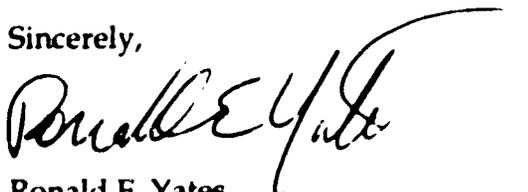
Dear Mr. Wright:

We request an amendment to change the Radiation Safety Officer to Glen A. Landis, M.D. and add an authorized user, Russell E. McWey, M.D.

I have enclosed the credentials necessary for this amendment and have forwarded check in the amount of \$460.00 to Rita Messier, Washington office.

Please call me at (703) 553-2411 with any questions you may have.

Sincerely,

  
Ronald E. Yates  
President and Chief Executive Officer

Enclosure

Cc: Rita Messier, Washington Office

**REMITTANCE ADVISE**  
FD-726 (Rev. 11-83)

100046

INVOICE NO.	INVOICE DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT	NET AMOUNT
	8/28/97	For Nuclear Medicine Dpt. at Columbia Pentagon City Hospital			\$460.00

**COMPLETE THIS AREA FOR PATIENT REFUNDS**

Patient No. \_\_\_\_\_ Patient Name \_\_\_\_\_

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK. EXHIBIT AT AN ANGLE TO VIEW.

**COLUMBIA ARLINGTON HOSPITAL**  
1701 N. GEORGE MASON DRIVE  
ARLINGTON, VA 22206

100046

PNC BANK, KENTUCKY, INC.  
LOUISVILLE, KENTUCKY  
21-10000

VOID IF NOT PRINTED WITH CRANBERRY BACKGROUND ON WHITE PAPER. VOID IF NOT PRINTED WITH CRANBERRY BACKGROUND ON WHITE PAPER.



**FOUR HUNDRED AND SIXTY DOLLARS AND 00/100**

VOID AFTER 90 DAYS

DATE 8/28/97

**\$ 460.00**

TO THE  
ORDER  
OF

U.S. NUCLEAR REGULATORY COMMISSION

NOT VALID UNLESS SIGNED BY  
THE SIGNER'S FULL AND COMPLETE NAME  
*[Signature]*  
Agent of the Corporation

⑈ 100046⑈ ⑆0830001081⑆ 3001582106⑈

LICENSE FEE REQUIREMENTS

LICENSE FEE AND DEBT COLLECTION BRANCH  
DIVISION OF ACCOUNTING AND FINANCE  
OFFICE OF THE CONTROLLER  
U.S. NUCLEAR REGULATORY COMMISSION  
WASHINGTON, DC 20545-0001

COLUMBIA PENTAGON CITY HOSPITAL  
ATTN: SHELLEY MASTERS  
2455 ARMY NAVY DRIVE  
ARLINGTON, VA 22208

TYPE OF ACTION

- NEW LICENSE
- RENEWAL OF LICENSE
- AMENDMENT TO LICENSE

REQUESTED DATE

8-21-97

LICENSE NUMBER

45-17123-01

CONTROL NUMBER

257603 ATTN: RITA MESSIER LFARB, T9E10

I. APPLICATION FEE DUE

Your request for a licensing action is subject to the fee(s) in the category(ies) noted below in accordance with Section 170.31 of the enclosed Federal Register notice. Payment of the fee is required prior to the issuance of the license, renewal, or amendment.

Fee Category	APPLICATION	RENEWAL	AMENDMENT
7C	\$	\$	\$ 460.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

FEE(S) DUE \$ 460.00  
 PAYMENT RECEIVED \$  
 AMOUNT DUE \$ 460.00

Your request was received without the prescribed application fee:

We received your Check in the amount of \$ Payment of the additional fee noted above is required.

Your request will increase the scope of your license program. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(d)(2).

Your license expired prior to the receipt of your application for renewal. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(a).

MAKE PAYMENT OF THE FEE(S) TO THE U.S. NUCLEAR REGULATORY COMMISSION AND MAIL THE PAYMENT TO THE ADDRESS LISTED AT THE TOP OF THIS FORM. IF WE DO NOT RECEIVE A REPLY FROM YOU WITHIN 30 CALENDAR DAYS FROM THE DATE LISTED BELOW, WE SHALL ASSUME THAT YOU DO NOT WISH TO PURSUE YOUR APPLICATION AND WILL VOID THIS ACTION.

SIGNATURE - LICENSE FEE ANALYST

*Rita Messier*  
RITA MESSIER

II. FEE NOT REQUIRED

Enclosed is Check No. which accompanied your request. The fee is not required because:

We received your Check No. in payment of the fee.

The Licensing staff has informed us that your request is to be considered as a continuation of your request dated:

Control No.

Your request was combined, prior to review, with your request, Control No.

III. CHECK RETURNED

Enclosed is Check No. which was returned to us by the bank for:

- INSUFFICIENT FUNDS
- ACCOUNT CLOSED
- OTHER

MAIL THE REPLACEMENT CHECK TO THE ADDRESS LISTED AT THE TOP OF THIS FORM AND REFERENCE THE ABOVE CONTROL NUMBER.

IV. LICENSE ISSUED WITHOUT THE REQUIRED FEE

License No. Amendment No. issued on was issued without the required fee being collected. The fee required is noted in Section I of this form.

The scope of your licensed program was increased. Therefore, your request is subject to the application fee(s) noted in Section I of this form. Refer to Section 170.31 and Footnote 1(d)(2).

Because of the urgency of your request, the license was issued without remittance of the prescribed fee noted in Section I of this form.

(LEAVE BLANK)

DATE

8-26-97

# THE AMERICAN BOARD OF NUCLEAR MEDICINE

INCORPORATED 1971

A JOINT BOARD ORGANIZED WITH THE SPONSORSHIP OF THE AMERICAN BOARD OF INTERNAL MEDICINE,  
AMERICAN BOARD OF PATHOLOGY, AMERICAN BOARD OF RADIOLOGY AND THE SOCIETY OF NUCLEAR MEDICINE

HEREBY CERTIFIES THAT

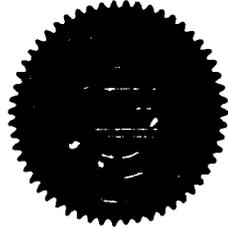
**Wen A. Tumbis, M.D.**

HAS MET THE REQUIREMENTS OF THIS BOARD AND IS  
CERTIFIED AS QUALIFIED TO PRACTICE AS A SPECIALIST IN  
ALL ASPECTS OF CLINICAL AND LABORATORY

## NUCLEAR MEDICINE

INCLUDING BUT NOT LIMITED TO RADIOIMMUNASSAY, NUCLEAR IMAGING,  
IN VIVO MEASUREMENTS AND THERAPY WITH UNSEALED RADIONUCLIDES

*Handwritten Signature*  
CHAIRMAN



*Handwritten Signature*  
SECRETARY

NUMBER 0100

DATE MAY 3 1972