



**SOUTH HILLS OFFICE:**  
363 Vanadium Road  
Pittsburgh, PA 15243  
(412) 429-8840  
FAX (412) 429-8067

**WASHINGTON COUNTY OFFICE:**  
4000 Waterdam Plaza Drive, Suite 280  
McMurray, PA 15317  
(412) 429-8840  
FAX (412) 429-8067

**NORTH SIDE OFFICE:**  
Suite 106, Allegheny Prof. Bldg.  
490 E. North Avenue  
Pittsburgh, PA 15212  
(412) 364-1994

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## U.S. Heart and Vascular

James W. Marcucci, M.D., F.A.C.C.

Leonard G. Gehl, M.D., F.A.C.C.

David J. Burkey, M.D., F.A.C.C.

Dennis K. Gabos, M.D., F.A.C.C.

Qaiser Rasheed, M.D., F.A.C.C.

February 11, 2005

U.S.N.R.C.  
Region I  
475 Allendale Road  
King of Prussia, PA 19406-1415

**RE: License # 37-28245-01**

03030695

To Whom It May Concern:

This letter is to inform you that Dr. Qaiser Rasheed is no longer working as an authorized user at U.S. Heart and Vascular. This letter is provided according to 10 CFR 35.14.

Thank you for your attention in this matter.

Sincerely,

James W. Marcucci, M.D.  
Radiation Safety Officer  
US Heart and Vascular

05 FEB 22 P 2:29

RECEIVED  
REGION I

136539  
NMSS/RGNI MATERIALS-002

This is to acknowledge the receipt of your letter/application dated

2/11/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment 37-28245-01  
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card

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A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 136539.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: (FOR LFMS USE)  
: INFORMATION FROM LTS  
: -----  
:  
: Program Code: 02201  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20130930  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Req'd: N  
: .....

LICENSE FEE TRANSMITTAL

A. REGION 1

1. APPLICATION ATTACHED

Applicant/Licensee: U. S. HEART AND VASCULAR  
Received Date: 20050222  
Docket No: 3030695  
Control No.: 136539  
License No.: 37-28245-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: /  
Check No.: /

3. COMMENTS

Signed  
Date

[Signature]  
21 Nov 05

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /\_\_/)

1. Fee Category and Amount: \_\_\_\_\_

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

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

3. OTHER \_\_\_\_\_  
\_\_\_\_\_

Signed  
Date

\_\_\_\_\_  
\_\_\_\_\_