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University Radiology Group, PA
303 George Street
New Brunswick, NJ 08903

United States
Nuclear Regulatory Commission
Medical Licensing Assistant
475 Allendale Road
King of Prussia, PA 19406-1415

March 11, 2005

RE: Addition of Authorized User to NRC 29-17475-01

03012816

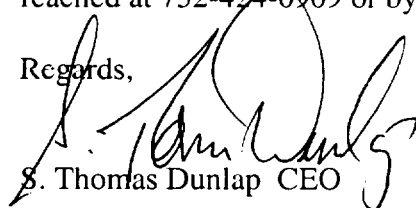
Please amend this license to include Feza Tunc, M.D. as an authorized user. The uses include 35.100, 35.200, 35.300 including I-131 with activities less than 33 millicuries and greater than 33 millicuries.

Dr. Tunc was listed as an authorized user on NRC 37-11507-01, as recently as July, 2002. The uses were 35.100 and 35.200.

The attached documentation is evidence of clinical experience with I-131.

Thank you, for your attention to this matter. Please direct all questions regarding this item to Robert J. Tokarz, Radiation Safety Officer. He can be reached at 732-424-0909 or by email at robert.tokarz@verizon.net.

Regards,


S. Thomas Dunlap, CEO

05 MAR 16 P 1:27

RECEIVED
REGION 1

136738

NMSS/RGNI MATERIALS-002

APPENDIX 3 Attachment I NRC 29-17475-01
FEZA TUNE, M.D.

NRC FORM 313A (10-2002)		U.S. NUCLEAR REGULATORY COMMISSION		
TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)				
5a. WORK EXPERIENCE WITH RADIATION				
Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience	

5b. SUPERVISED CLINICAL CASE EXPERIENCE					
Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
I-131	Thyroid Ablation > 33mCi	4	Theodore J. Stahl, MD	ST. PETERS UNIVERSITY HOSPITAL 24-07566-01	1-7-03 - 5-27-04
I-131	Thyroid Disease < 33mCi	2	Theodore J. Stahl, MD	"	1-23-03 - 3-27-03
I-131	Thyroid Disease < 33mCi	3	MCHAN MAKHITA, MD	"	1-23-03 to 4/17/03
I-131	"	5	Theodore J. Stahl, MD	UNIVERSITY RADIOLOGY GROUP 29-17475-01	11/6/04 to 2/17/05

APPENDIX B

FEZA TUM, M.D.

ATTACHMENT 2 NRC 29-17475-01

PAGE 3

NRC FORM 313A (10-2002)		U.S. NUCLEAR REGULATORY COMMISSION	
TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)			
6. FORMAL TRAINING (applies to Medical Physicists and Therapy Physicians)			
Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Numbers	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.490)
NA	NA		
7. RADIATION SAFETY OFFICER -- ONE-YEAR FULL-TIME TRAINING			
<input type="checkbox"/> YES Completed 1-year of full-time radiation safety experience (in areas identified in item 5a) under supervision <input checked="" type="checkbox"/> N/A of _____ the RSO for License No. _____			
8. MEDICAL PHYSICIST -- ONE YEAR FULL-TIME TRAINING/WORK EXPERIENCE			
<input type="checkbox"/> YES Completed 1-year of full-time training in therapeutic radiological physics under the supervision of <input checked="" type="checkbox"/> N/A _____ who meets requirements for Authorized Medical Physicists, and <input type="checkbox"/> YES Completed 1-year of full-time work experience (for areas identified in item 5a) for _____ <input checked="" type="checkbox"/> N/A modality(ies) under the supervision of _____ who meets requirements for Authorized Medical Physicists for _____ modality(ies)			
9. SUPERVISING INDIVIDUAL -- IDENTIFICATION AND QUALIFICATIONS			
The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 10 CFR 35, provide the following information for each):			
A. Name of Supervisor		B. Supervisor is:	
THOMAS J. STANLEY, M.D.		<input checked="" type="checkbox"/> Authorized User <input type="checkbox"/> Radiation Safety Officer	
		<input type="checkbox"/> Authorized Medical Physicists <input type="checkbox"/> Authorized Nuclear Pharmacists	
C. Supervisor meets requirements of Part 35, Section(s) <u>35.290, 35.390, 35.392, 35.394</u> for medical uses in Part 35, Section(s) <u>35.100, 35.300, 35.300</u>			
D. Address		E. Materials License Number	
SAINT PETERS UNIVERSITY HOSPITAL 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901		79-07566-01	

APPENDIX B

FEZA TUNCI, M.D.

ATTACHMENT 3 NRC 29-17475-01

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NRC FORM 313A (10-2002)		U.S. NUCLEAR REGULATORY COMMISSION	
TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)			
PART II -- PRECEPTOR STATEMENT			
<p>Note: This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. This part is not required to meet the training requirements in 10 CFR 35.590.</p> <p>Item 10 must be completed for Nuclear Pharmacists meeting the requirements of 10 CFR Part 35, Subpart J. Preceptors do not have to complete items 11a, 11b, or the certifying statements for other individuals meeting the requirements of 10 CFR Part 35, Subpart J.</p>			
<input type="checkbox"/> YES	10	The individual named in item 1 has satisfactorily completed the training requirements in 10 CFR 35.960 and is competent to independently operate a nuclear pharmacy.	
<input checked="" type="checkbox"/> N/A			
<input checked="" type="checkbox"/> YES	11a	The individual named in item 1 has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) <u>35.290, 35.390, 35.392, 35.394</u>	
<input type="checkbox"/> N/A			
<input checked="" type="checkbox"/> YES	11b	The individual named in item 1 is competent to independently function as an authorized <u>USER</u> for <u>35.100, 35.200, 35.300</u> uses.	
<input type="checkbox"/> N/A			
12. PRECEPTOR APPROVAL AND CERTIFICATION			
<input type="checkbox"/> I certify the approval of item 10 and certify I am an Authorized Nuclear Pharmacist;			
OR			
<input type="checkbox"/> I certify the approval of items 11a and 11b and certify I am an Authorized Nuclear Pharmacist.			
OR			
<input checked="" type="checkbox"/> I certify the approval of items 11a and 11b, and I certify that I meet the requirements of <u>NRC</u> or equivalent Agreement State requirements to be a preceptor authorized <u>USER</u> for the following uses of byproduct material: <u>35.100, 35.200, 35.300</u>			
A	Address	<u>254 EASTON AVE.</u> <u>NEW BRUNSWICK, NJ 08901</u>	B Materials License Number <u>29-07566-01</u>
		<u>303 GEORGE ST.</u> <u>NEW BRUNSWICK, NJ 08903</u>	<u>29-17475-01</u>
C NAME OF PRECEPTOR (print clearly)		D. SIGNATURE -- PRECEPTOR	E. DATE
<u>THEODORE J. STAHL, M.D.</u>		<u>[Signature]</u>	<u>2/18/05</u>

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FL2A TUNG, m.d.

APPENDIX B

ATTACHMENT 4, NRC 29-17475-01

PAGE 3

NRC FORM 313A
(10-2002)

U.S. NUCLEAR REGULATORY COMMISSION

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

6. FORMAL TRAINING (applies to Medical Physicists and Therapy Physicians)

Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Numbers	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.490)
N/A			

7. RADIATION SAFETY OFFICER -- ONE-YEAR FULL-TIME TRAINING

- ☐ YES Completed 1-year of full-time radiation safety experience (in areas identified in item 5a) under supervision
☒ N/A of _____ the RSO for License No. _____

8. MEDICAL PHYSICIST -- ONE YEAR FULL-TIME TRAINING/WORK EXPERIENCE

- ☐ YES Completed 1-year of full-time training in therapeutic radiological physics under the supervision of
☒ N/A _____ who meets requirements for Authorized Medical Physicists, and
- ☐ YES Completed 1-year of full-time work experience (for areas identified in item 5a) for _____
☒ N/A modality(ies) under the supervision of _____ who meets
 requirements for Authorized Medical Physicists for _____ modality(ies)

9. SUPERVISING INDIVIDUAL -- IDENTIFICATION AND QUALIFICATIONS

The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 10 CFR 35, provide the following information for each)

A. Name of Supervisor

Moham Makhija, M.D.

B. Supervisor is:

☒ Authorized User☐ Authorized Medical Physicists☐ Radiation Safety Officer☐ Authorized Nuclear Pharmacists

C. Supervisor meets requirements of Part 35, Section(s) 35.240, 35.242, 35.322, 35.344
 for medical uses in Part 35, Section(s) 35.100, 35.200, 35.300

D. Address SANCT PETER'S UNIVERSITY HOSPITAL
254 EASTON AVENUE
NEW BRUNSWICK, NJ 08901

E. Materials License Number

29-07566-01

APPENDIX B

FEZA TUNE, M.D.

ATTACHMENT 5, NRC 29-17475-01

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NRC FORM 313A
(10-2002)

U.S. NUCLEAR REGULATORY COMMISSION

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

PART II -- PRECEPTOR STATEMENT

Note: This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. This part is not required to meet the training requirements in 10 CFR 35.590.

Item 10 must be completed for Nuclear Pharmacists meeting the requirements of 10 CFR Part 35, Subpart J. Preceptors do not have to complete Items 11a, 11b, or the certifying statements for other individuals meeting the requirements of 10 CFR Part 35, Subpart J.

- ☐ YES 10 The individual named in item 1 has satisfactorily completed the training requirements in 10 CFR 35.980 and is competent to independently operate a nuclear pharmacy.
- ☒ N/A
- ☒ YES 11a. The individual named in Item 1 has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) 75.290, 35.390, 35.392, 35.394
- ☐ N/A
- ☒ YES 11b. The individual named in Item 1. is competent to independently function as an authorized USER for 35.100, 35.200, 35.300 uses.
- ☐ N/A

12. PRECEPTOR APPROVAL AND CERTIFICATION

- ☐ I certify the approval of item 10 and certify I am an Authorized Nuclear Pharmacist;
- OR
- ☐ I certify the approval of items 11a and 11b and certify I am an Authorized Nuclear Pharmacist;
- OR
- ☒ I certify the approval of Items 11a and 11b, and I certify that I meet the requirements of NRC or equivalent Agreement State requirements to be a preceptor authorized USER for the following uses of byproduct material: 35.100, 35.200, 35.300

A. Address 254 EASTON AVE. 29-07566-01 B. Materials License Number

NEW BRUNSWICK, NJ 08901

303 GEORGE ST. 29-17475-01

NEW BRUNSWICK, NJ 08903

C. NAME OF PRECEPTOR (print clearly)

Mohan MAKHIJA, M.D.

D. SIGNATURE -- PRECEPTOR

Mohan Makhiya

E. DATE

2/18/05

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

3/11/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment 29-17475-01
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

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** 136738.
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: : (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 License Fee Management Branch, ARM : Program Code: 02200
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20140331
 : Fee Comments: _____
 : Decom Fin Assur Req'd: N
 : ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: UNIVERSITY RADIOLOGY GROUP, PA
Received Date: 20050316
Docket No: 3012816
Control No.: 136738
License No.: 29-17475-01
Action Type: Amendment

2. FEE ATTACHED

Amount: 1
Check No.: _____

3. COMMENTS

Signed Rebecca Juncal
Date 4/8/2005

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 _____