



254 Easton Avenue, P.O. Box 591
New Brunswick, New Jersey 08903-0591
732-745-8600

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

March 14, 2005

03002502

05 MAR 29 P 1:24

RECEIVED
REGION I

RE: Addition of Authorized User to NRC 29-07566-01

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 his clinical experience with I-131.

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

Regards,

Anthony Costabile,
Vice President for Professional Services

Saint Peter's University Hospital
www.saintpetersuh.com

*Catholic hospital sponsored by the Diocese of Metuchen
State-designated children's hospital and regional perinatal center
Affiliate of The Children's Hospital of Philadelphia
Affiliate of Drexel University College of Medicine, effective July 2005*

136778

136778 MATERIALS-002

FEZATUNG, M.D. ATTACHMENT 1 NRC 29-07566-01

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	1-9-03 - 8-27-04
I-131	Thyroid Disease < 33mCi	2	Theodore J. Stahl, MD	"	1-23-03 - 3-27-03
I-131	Thyroid Disease < 33mCi	3	MOHAN 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

FEZA TUNC, M.D.
ATTACHMENT # 2 NRC 29-07566-01

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			

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 B. Supervisor is:
- Moham Makhija, M.D. ☒ Authorized User ☐ Authorized Medical Physicists
☐ Radiation Safety Officer ☐ Authorized Nuclear Pharmacists
- C. Supervisor meets requirements of Part 35, Section(s) 35.290, 35.390, 35.332, 35.334
 for medical uses in Part 35, Section(s) 35.100, 35.200, 35.200
- D. Address Saint Peter's University Hospital
254 EASTON AVENUE
NEW BRUNSWICK, NJ 08901
- E. Materials License Number 29-07566-01

FEZA TUNC, M.D.

NRC 29-07566-01

ATTACHMENT 3

PAGE 4

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
☒ N/A 10 CFR 35.980 and is competent to independently operate a nuclear pharmacy.

☒ YES 11a. The individual named in Item 1 has satisfactorily completed the requirements in Part 35, Section(s)
☐ N/A and Paragraph(s) 35.290, 35.390, 35.392, 35.394

☒ YES 11b. The individual named in Item 1. is competent to independently function as an authorized
☐ N/A USER for 35.100, 35.200, 35.300 uses.

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

PAGE 4

F224 TUNC, M.D.
ATTACHMENT 4 NRC 29-07566-01

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 Physicists)

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

- ☐ 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

B. Supervisor is:

THEODORE J. STAYL, M.D.

☒ Authorized User

☐ Authorized Medical Physicists

☐ Radiation Safety Officer

☐ Authorized Nuclear Pharmacists

C. Supervisor meets requirements of Part 35, Section(s) 35.290, 35.300, 35.392, 35.394
 for medical uses in Part 35, Section(s) 35.100, 35.200, 35.300

D. Address SAINT PETERS UNIVERSITY HOSPITAL
254 EASTON AVENUE
NEW BRUNSWICK, NJ 08901

E. Materials License Number
29-07566-01

FEZA TUNC, M.D.

ATTACHMENT 5 NRC-29-07566-01

PAGE 4

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) 35.290, 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)

D. SIGNATURE -- PRECEPTOR

E. DATE

THEODORE J. STAHL, M.D.[Signature]2/18/05

PAGE 4

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

3/14/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ AMC-24-07566-01 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 136 779.
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: 02230
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20140630
 : Fee Comments: CODE 21
 : Decom Fin Assur Req'd: N
 : ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
Applicant/Licensee: SAINT PETER'S UNIVERSITY HOSPITAL
Received Date: 20050328
Docket No: 3002502
Control No.: 136779
License No.: 29-07566-01
Action Type: Amendment

2. FEE ATTACHED
Amount: _____
Check No.: _____

3. COMMENTS

Signed Mr. C. Furber
Date 4/12/05

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 _____