



Consultants in Cardiovascular Diseases, Inc.

Cardiology Division

Jeffery I. Blake,
M.D., FACC
David T. Borowski,
M.D., FACC
Jeffrey A. Buetikofer,
M.D., FACC
Joseph G. Cacchione,
M.D., FACC
William P. Edwards Jr.,
M.D., FACC
Tulio Estrada,
M.D., FACC
Manuel F. Forero,
M.D., FACC, FACP
Mark R. Izzo,
M.D., FACC
James P. MacKrell,
M.D., FACC
Andrew L. Mecca,
M.D., FACC
William L. Mecca,
M.D., FACC
Jack E. Smith,
M.D., FACC
Samuel R. Ward, Jr.,
M.D., FACC

Executive Director
Susan Christian

March 29, 2005

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

RE: License #37-28723-01

03032623

To Whom It May Concern:

Please amend our radioactive materials license to change approved sealed sources for use in 10 CFR 35.500 procedures. We wish to obtain **153 Gd** attenuation sources from **Isotope Products Laboratories**.

The model of the sealed source is: **NES8412**. We wish to obtain authorization for up to **300 mCi** per source, with a total **maximum possession limit of 1.0 Ci**.

Thank you for your attention in this matter.

Sincerely,

James P. MacKrell, M.D.
Radiation Safety Officer
Consultants In Cardiovascular Diseases

05 APR -1 PM 12:12

RECEIVED
REGION 1

136 790

NMSS/RONI MATERIALS-002

311 West 24 Street, Suite 401, Erie, Pennsylvania 16502 • Phone 814.453.7767 • Fax 814.454.6667

428 South Main Street, Greenville, PA 16125 • Phone 724.588.9830 • Fax 724.588.9860

2200 Memorial Drive, Farrell, PA 16121 • Phone 724.983.8855

150 Prospect Avenue, Suite 103, Franklin, PA 16323 • Phone 814.432.7327 • Fax 814.437.6225

287 North Street, Meadville, PA 16335 • Phone 814.337.2355 • Fax 814.337.3751

NRC FORM 313

U.S. NUCLEAR REGULATORY COMMISSION

(4-2004)

10 CFR 30.32, 33,
34, 35, 36, 39, and 40

APPROVED BY OMB: NO. 3150-0120

EXPIRES: 10/31/2005

Estimated burden per response to comply with this mandatory collection request: 7 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F52), U.S. Nuclear Regulatory Commission, Washington, DC 20556-0001, or by internet e-mail to infocollections@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

APPLICATION FOR MATERIAL LICENSE

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY
OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:

IF YOU ARE LOCATED IN:

ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, MISSISSIPPI, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:

LICENSING ASSISTANCE TEAM
DIVISION OF NUCLEAR MATERIALS SAFETY
U.S. NUCLEAR REGULATORY COMMISSION, REGION I
475 ALLENDALE ROAD
KING OF PRUSSIA, PA 19406-1415

IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:

MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION III
2443 WARRENVILLE ROAD, SUITE 210
USLE, IL 60532-4352

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO:

NUCLEAR MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV
811 RYAN PLAZA DRIVE, SUITE 400
ARLINGTON, TX 78011-4005

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.

1. THIS IS AN APPLICATION FOR (Check appropriate item)

☐

A. NEW LICENSE

☒B. AMENDMENT TO LICENSE NUMBER 37-28723-01☐

C. RENEWAL OF LICENSE NUMBER _____

2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)

Consultants in Cardiovascular Diseases
311 West 24th Street, Suite 401
Erie, PA 16502

3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

Same

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

Keith G. Ostrom, Consultancy, Assoc. in Medical Physics, LLC

TELEPHONE NUMBER

(216) 663-7000

SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

5. RADIOACTIVE MATERIAL

a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.

6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.

8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.

9. FACILITIES AND EQUIPMENT.

10. RADIATION SAFETY PROGRAM.

11. WASTE MANAGEMENT.

12. LICENSE FEES (See 10 CFR 170 and Section 170.31)

FEE CATEGORY

AMOUNT
ENCLOSED \$

13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 38, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 82 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE

James P. Mackrell M.D. Radiation Safety Officer

SIGNATURE

DATE

3/29/2005

FOR NRC USE ONLY

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		
APPROVED BY				DATE	

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

3/29/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Antas. 37-28723-01
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 136790.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

(FOR LFMS USE)

INFORMATION FROM LTS

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02201

Status Code: 0

Fee Category: 7C

Exp. Date: 20120630

Fee Comments:

Decom Fin Assur Req'd: N

[illegible]

LICENSE FEE TRANSMITTAL

A. REGION

4

1. APPLICATION ATTACHED

Applicant/Licensee: CONSULTANTS IN CARDIOV. DISEASES

Received Date: 20050401

Docket No: 3032623

Control No.: 136790

License No.: 37-28723-01

Action Type: Amendment

2. FEE ATTACHED

Amount:

Check No.:

3. COMMENTS

Signed

Date

Mr. C. Perkins
4/13/2005

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