

Main Office  
599 West Street  
Suite 200  
Doylestown, PA 18901  
phone: 215.345.6050  
fax: 215.345.6568

# CENTRAL BUCKS SPECIALISTS Ltd.

Cardiology & Gastroenterology

The Health and Wellness Center  
847 Easton Road, Suite 2800  
Warrington, PA 18976  
phone: 215.918.5750  
fax: 215.918.5752

Logan Square - New Hope  
Logan Square Center  
Route 202 - Unit 9  
New Hope, PA 18938  
phone: 215.345.6050  
fax: 215.345.6568

Cardiology  
Joseph F.X. McGarvey, Sr., MD, FACC, FACP  
David Lawrence Smith, MD, FACC  
Joseph F.X. McGarvey, Jr., MD, FACC  
James C. Guarino, MD, FACC  
David G. Boland, MD, FACC  
Robert M. Sangrigoli, MD, FACC  
Renee A. Sangrigoli, MD, FACC  
Kimberly A. Urban, MD  
Rajnish Saini, MD

Gastroenterology  
Robert H. Hale, MD  
Timothy Orphanides, MD  
Joseph J. Minissale, Jr., DO  
Louis F. Morsbach, Jr., MD  
Alan Chang, MD

www.centralbuckspecialists.com

May 5, 2005

Mr. Tom Thompson  
Nuclear Regulatory Commission  
Mail Control 136412

VIA FAX: 610-337-5269

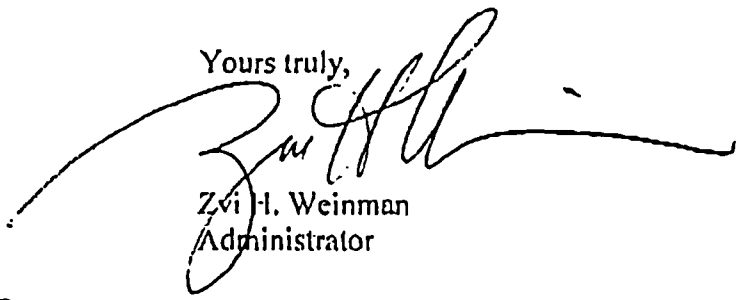
Dear Tom:

03036844

Please amend our nuclear license (#37-31007-01) to add the following physicians as authorized users: Renee Sangrigoli, MD and Rajnish Saini, MD. The needed documentation has already been faxed to you.

Thanks.

Yours truly,

  
Zvi I. Weinman  
Administrator

Cc: J. Guarino, MD  
M. Nunno

Ref. 136412

137001  
NMSS/RGNI MATERIALS-002

**PLEASE GIVE TO TOM THOMPSON!!!**

**8 PAGES FOLLOW**

**Tom: From Central Bucks Specialists – New License Application**

37-31007-01

| NRC FORM 313A<br>(10-2002)  |  | U.S. NUCLEAR REGULATORY COMMISSION |                   | APPROVED BY OMB: NO. 3150-0120<br>EXPIRES: 10/31/2003 |  |
|---|--|------------------------------------|-------------------|---|--|
| <b>TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT</b>  |  |                                    |                   |   |  |
| <b>PART I - TRAINING AND EXPERIENCE</b>   |  |                                    |                   |   |  |
| <b>Note:</b> Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.  |  |                                    |                   |   |  |
| 1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)<br><b>Renee Sangrigoli MD, Authorized User: 35.400 - Cardiac catheterization procedures</b><br><b>Training: 10 CFR 35.400</b> |  |                                    |                   |   |  |
| 2. For Physicians, Podiatrists, Dentists, Pharmacists - State or Territory Where Licensed<br><b>Pennsylvania</b>  |  |                                    |                   |   |  |
| <b>3. CERTIFICATION</b>   |  |                                    |                   |   |  |
| Specialty Board   |  | Category                           |                   | Month and Year Certified                              |  |
| Internal Medicine   |  | ABIM                               |                   | 8-1996  |  |
| Cardiology  |  | ABIM                               |                   | 11-2000   |  |
| Stop here when using Board Certification to meet 10 CFR Part 35 training and experience requirements.   |  |                                    |                   |   |  |
| <b>4. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)</b>   |  |                                    |                   |   |  |
| Description of Training   | Location                                 | Clock Hours                        | Dates of Training |   |  |
| Radiation Physics and Instrumentation   | Penn State University School of Medicine | 70                                 | 3/5/99            |   |  |
| Radiation Protection  | Same                                     | 65                                 | 5/28/99           |   |  |
| Mathematics Pertaining to the Use and Measurement of Radioactivity  | Same                                     | 15                                 | 200 hours         |   |  |
| Radiation Biology   | Same                                     | 30                                 | Dr. Siegel Course |   |  |
| Chemistry of Byproduct Material for Medical Use   | Same                                     | 20                                 | Dimitro           |   |  |
| OTHER   |  |                                    |                   |   |  |

| NRC FORM 313A<br>(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 |   |                                     |
| Work experience   | Christopher                       |   |                                     |   |                                     |
| in Nuclear Lab  | L Hansen, MD                      |   | >1000hrs                            |   |                                     |
| at Temple University  |                                   | 7/96 -  |                                     |   |                                     |
| Hospital  |                                   | 6/99  |                                     |   |                                     |
|   |                                   |   |                                     |   |                                     |
|   |                                   |   |                                     |   |                                     |
|   |                                   |   |                                     |   |                                     |
|   |                                   |   |                                     |   |                                     |
|   |                                   |   |                                     |   |                                     |
|   |                                   |   |                                     |   |                                     |
| 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 |
| Tl-201  | Myocardial Perf                   | 1000  | C Hansen                            | 3700697   |                                     |
| Tc-99m  | "                                 | "   | C Hansen                            | "   | 7/1/96                              |
| Tc-99m  | Blood pool                        | 50  | "                                   | "   | +                                   |
|   | Imaging                           |   |                                     | "   | 6/30/96                             |
| Id-153  | Abdominal                         | 500   | C Hansen                            | "   |                                     |
| Co-57   | Flood                             |   | "                                   | "   |                                     |
|   |                                   |   |                                     |   |                                     |
|   |                                   |   |                                     |   |                                     |

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 Number | Dates | Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.480) |
|--|--|-------|---|
| N.A.                                       |  |       |   |

7. RADIATION SAFETY OFFICER -- ONE-YEAR FULL-TIME WORK EXPERIENCE

☐ YES Completed 1-year of full-time radiation safety experience (in areas identified in Item 5a) under supervision
 ☐ N/A of N.A. 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 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 of 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

Christopher L. Winger

B. Supervisor is:

☒ Authorized User
 ☐ Authorized Medical Physicist
 ☐ Radiation Safety Officer
 ☐ Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 10 CFR 35.250

for medical uses in Part 35, Section(s) 10 CFR 35.200

D. Address

Temple Univ Hosp  
3401 N Broad St  
Phila PA 19104

E. Materials License Number

#37-0069

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) Subpart J.

- ☒ YES 11b. The individual named in Item 1 is competent to independently function as an authorized  
☐ N/A user for 35200 uses (or units).

cardiovascular clinical procedures

## 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  
or equivalent Agreement State requirements to be a preceptor authorized user

for the following uses (or units) of byproduct material:

10 CFR 35.200  
cardiovascular clinical procedures

## A. Address

The Health & Wellness Center  
847 Easton Road  
Warrington, PA 18976

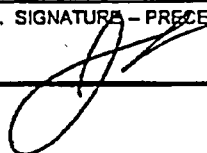
## B. Material's License Number

37-3063401

## C. NAME OF PRECEPTOR (print clearly)

James C. Guarino, M.D.

## D. SIGNATURE - PRECEPTOR



## E. DATE

5/2/05

|  |   |   |                   |   |  |
|--|---|---|-------------------|---|--|
| NRC FORM 313A<br>(10-2002)   |   | U.S. NUCLEAR REGULATORY COMMISSION  |                   | APPROVED BY OMB: NO. 3150-0120<br>EXPIRES: 10/31/2005 |  |
| <b>TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT</b>   |   |   |                   |   |  |
| <b>PART I - TRAINING AND EXPERIENCE</b>  |   |   |                   |   |  |
| <b>Note:</b> Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations. |   |   |                   |   |  |
| 1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)                        |   |   |                   |   |  |
| Rajnish Saini, M.D.  |   | Authorized User: 35,200 - Cardiovascular Clinical Procedures<br>Training: 10 CFR 35.920 |                   |   |  |
| 2. For Physicians, Podiatrists, Dentists, Pharmacists - State or Territory Where Licensed  |   |   |                   |   |  |
| Pennsylvania   |   |   |                   |   |  |
| <b>3. CERTIFICATION</b>  |   |   |                   |   |  |
| Specialty Board  |   | Category  |                   | Month and Year Certified                              |  |
| ABIM   |   | Internal Medicine   |                   | 10/02   |  |
| ABIM   |   | Cardiovascular Disease  |                   | 11/04   |  |
| Stop here when using Board Certification to meet 10 CFR Part 35 training and experience requirements.  |   |   |                   |   |  |
| <b>4. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)</b>  |   |   |                   |   |  |
| Description of Training  | Location  | Clock Hours   | Dates of Training |   |  |
| Radiation Physics and Instrumentation  | Institute for Nuclear Medical Education, Denver, CO | 75  | 10/03             |   |  |
| Radiation Protection   | Same  | 70  | 10/03             |   |  |
| Mathematics Pertaining to the Use and Measurement of Radioactivity   | Same  | 10  | 10/03             |   |  |
| Radiation Biology  | Same  | 25  | 3/04              |   |  |
| Chemistry of Byproduct Material for Medical Use  | Same  | 20  | 0/04              |   |  |
| OTHER  |   |   |                   |   |  |

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(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 |
|--|-----------------------------------|---|-------------------------------------|
| Clinical Experience,<br>Radiation Safety, QA<br>procedures<br>-Elmhurst Hospital<br>Center<br>Elmhurst, NY | Allan Goldman,<br>M.D.            | 91-2907-01  | 7/000 hr<br>7/01-<br>6/30/04        |
|  |                                   |   |                                     |
|  |                                   |   |                                     |
|  |                                   |   |                                     |
|  |                                   |   |                                     |
|  |                                   |   |                                     |
|  |                                   |   |                                     |
|  |                                   |   |                                     |

## 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 |
|--------------|-------------------------------|---|--------------------------------|---|-------------------------------------|
| Tl-201       | Stress Imaging<br>+ Perfusion | 321   | Allan Goldman,<br>M.D.         | Elmhurst<br>Hospital etc.                           | 7/01-<br>6/30/04                    |
| Tl-201       | Rest Imaging<br>+ Perfusion   | 321   |                                |   |                                     |
| Tc-99m       | Myocardial Stress             | 7   |                                | 91-2907-01  | approx.<br>555 hr                   |
| Tc-99m       | Myocardial Rest               | 7   |                                |   |                                     |
| Tc-99m       | Injection Fraction            | 29  |                                |   |                                     |
| Tc-99m       | Wall Motion                   | 29  |                                |   |                                     |
|              |                               |   |                                |   |                                     |
|              |                               |   |                                |   |                                     |



| NRC FORM 313A<br>(10-2002)  |  | U.S. NUCLEAR REGULATORY COMMISSION   |  |
|---|--|--|--|
| TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)   |  |  |  |
| <b>6. FORMAL TRAINING (applies to Medical Physicists and Therapy Physicists)</b>  |  |  |  |
| Degree, Area of Study<br>or<br>Residency Program  | Name of Program and<br>Location with<br>Corresponding<br>Materials<br>License Number | Dates  | Name of Organization that<br>Approved the Program<br>(e.g., Accreditation Council<br>for Graduate Medical Education)<br>and the Applicable Regulation<br>(e.g., 10 CFR 35.480) |
| N.A.  |  |  |  |
| <b>7. RADIATION SAFETY OFFICER - ONE-YEAR FULL-TIME WORK EXPERIENCE</b>   |  |  |  |
| <input type="checkbox"/> YES Completed 1-year of full-time radiation safety experience (in areas identified in Item 5a) under supervision<br><input type="checkbox"/> N/A of <u>N.A.</u> the RSO for License No. _____  |  |  |  |
| <b>8. MEDICAL PHYSICIST - ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE</b>   |  |  |  |
| <input type="checkbox"/> YES Completed 1-year of full-time training in therapeutic radiological physics under the supervision of<br><input type="checkbox"/> N/A <u>N.A.</u> who meets requirements for Authorized Medical Physicists; and<br><input type="checkbox"/> YES Completed 1-year of full-time work experience (for areas identified in Item 6a) for _____<br><input type="checkbox"/> N/A modality(ies) under the supervision of _____ who meets<br>requirements of Authorized Medical Physicists for _____ modality(ies). |  |  |  |
| <b>9. SUPERVISING INDIVIDUAL - IDENTIFICATION AND QUALIFICATIONS</b>  |  |  |  |
| 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<br><u>Allan Goldman MD.</u>   |  | B. Supervisor is:<br><input checked="" type="checkbox"/> Authorized User<br><input type="checkbox"/> Radiation Safety Officer<br><input type="checkbox"/> Authorized Medical Physicist<br><input type="checkbox"/> Authorized Nuclear Pharmacist |  |
| C. Supervisor meets requirements of Part 35, Section(s) <u>Subpart F.</u><br>for medical uses in Part 35, Section(s) <u>35.200.</u>   |  |  |  |
| D. Address<br><u>Elmhurst Hospital Center -</u><br><u>79-01 Broadway</u><br><u>Elmhurst, NY 11373</u>   |  | E. Materials License Number<br><u>91-2907-01</u>   |  |

PAGE 3

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) Subpart J.

- ☒ YES      11b. The individual named in item 1. is competent to independently function as an authorized  
☐ N/A      user for 35200 uses (or units).

cardiovascular clinical procedures.

## 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 10 CFR 35  
or equivalent Agreement State requirements to be a preceptor authorized user Subpart J  
for the following uses (or units) of byproduct material: 10 CFR 35.200

cardiovascular clinical procedures

## A. Address

The Health & Wellness Center  
847 Easton Road  
Warrington, PA 18976

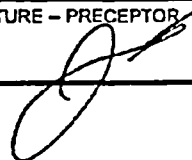
## B. Materials License Number

37-30634-01

## C. NAME OF PRECEPTOR (print clearly)

James C. Cravino, M.D.

## D. SIGNATURE -- PRECEPTOR



## E. DATE

5/2/05

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

5/5/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ 37-31007-01 Amendment  
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 137001.  
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: \_\_\_\_\_  
: Exp. Date: 20150531  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Req'd: N  
: ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: CENTRAL BUCKS SPECIALISTS, LTD  
Received Date: 20050505  
Docket No: 3036844  
Control No.: 137001  
License No.: 37-31007-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: /  
Check No.: \_\_\_\_\_

3. COMMENTS

Signed Rebecca J. Jund  
Date 5/12/2005

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 \_\_\_\_\_