



**RADIOCAT®**

Centers For  
The Treatment  
of Feline  
Hyperthyroidism

4015 E. Cactus Rd.  
Phoenix, AZ 85032

5610 Kearny Mesa Rd.  
San Diego, CA 92111

251 N. Amphlett Blvd.  
San Mateo, CA 94401

730 Randolph Rd.  
Middletown, CT 06457

1212 E. Newport Pike  
Wilmington, DE 19804

630 N. Cobb Parkway  
Marietta, GA 30062

372 S. Milwaukee Ave.  
Wheeling, IL 60090

8250 Bash Street  
Indianapolis, IN 46250

32-A Melor Ave.  
Baltimore, MD 21228

180 Bear Hill Rd.  
Waltham, MA 02154

250 Central Ave.  
White Plains, NY 10606

223 Siebert Rd.  
Pittsburgh, PA 15237

393 Woods Lake Rd.  
Greenville, SC 29607

6651 Backlick Rd.  
Springfield, VA 22150

1-800-323-9729  
e-mail

[radiocat@erols.com](mailto:radiocat@erols.com)  
[www.radiocat.com](http://www.radiocat.com)

RECEIVED  
REGION 1

'05 MAY 27 11:59

May 24, 2005

Licensing Assistance Team  
Division of Nuclear Materials Safety  
U.S. Nuclear Regulatory Commission, Region I  
475 Allendale Road  
King of Prussia, PA 19406

RE: LICENSE NUMBER 45-25330-01

03033825

Dear Licensing Team:

Please add the following user:

Nancy R. Gustafson, DVM

Dr. Gustafson's statement of training and experience is attached.

Please remove the following user:

Elsa R. Beck, DVM, PhD, DACRV, DACVIM

Please add the following location of use. The facility floor plan for the location is attached.

If you have any questions or require additional information, please call me or Eli Port at 847-965-1999.

Sincerely,

*Nina Bijedic-Arce*

Nina Bijedic-Arce

Attachments

pc: Rand Wachsstock, DVM  
H:\HOME\400001 Health Physics\RADIOCAT\NRC\NRC14.doc

137118  
NMSS/RGNI MATERIALS-002

### STATEMENT OF TRAINING AND EXPERIENCE

Name	Office Location	Office Phone
Nancy Gustafson	6651 Backlick Road Springfield, Virginia 22150	703-451-8900

Type of Training	Where obtained	Duration	On-the-job	Formal Course
Rules and regulations governing the use of sources of radiation	Colorado State University	1 Course	yes	Radiation physics
Principles and practices of radiation safety	Colorado State University	1 formal semester plus 3 years residency	yes	R-400 Radiation Safety
Radiation and radioactivity measurements, instruments and techniques	CSU	4 years	yes	R-400 + radiation physics
Mathematics basic to the use or measurement of radiation or radioactivity	CSU	4 years	yes	R-400 + radiation physics courses
Biological effects of radiation	CSU	4 years	yes	Radiation oncology + physics course
Safe handling and use of sources or radiation	CSU	4 years	yes	R-400

### Experience with radioactive materials or other sources of radiation

	Type	Quantity	Use
1.	Cobalt	small discs	Formal course
2.	Strontium <sup>90</sup>	plaques	Formal course
3.	cesium	small discs	formal course
4.			

I attest by signing below that this is an accurate representation of my training and experience.

Signature Nancy R Gustafson

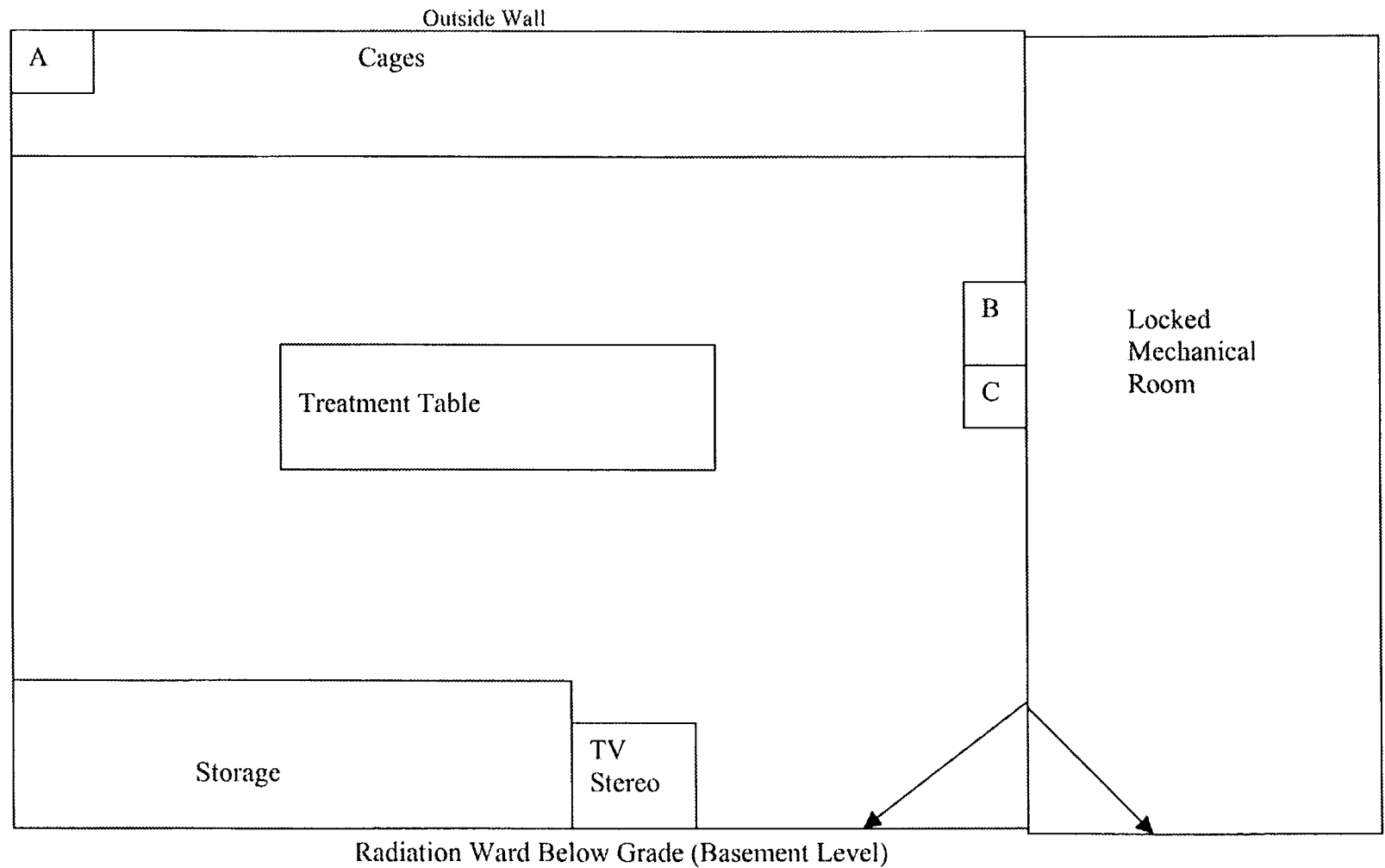
Print Name Nancy R Gustafson

Title DVM

Date 5-20-05

A= Exhaust Fan  
B= Lead Lined trash can  
C= Trash compactor

1021 Howard George Drive,  
Manchester, Missouri 63021



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

5/24/2005, and to inform you that the initial processing which includes an administrative review has been performed.

- ☒ Amendment 45-25330-01 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** 137118.  
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: 02400  
: Status Code: 2  
: Fee Category: 3P  
: Exp. Date: 20050731  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Req'd: N  
: ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: RADIOCAT, LLC  
Received Date: 20050527  
Docket No: 3033825  
Control No.: 137118  
License No.: 45-25330-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: /  
Check No.: /

3. COMMENTS

Signed Rebecca J. J. J.  
Date 6/6/2005

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 \_\_\_\_\_