ACCEPTANCE REVIEW MEMO

Licensee: Pharmarx Hawaii LLC

License No.: 53-29217-01MD **Docket No.:** 030-37049

Mail Control No.: 470873

Type of Action: Amend **Date of Requested Action:** 02-21-06

Reviewer Assigned: **Date Assigned to Reviewer:** 02-24-06

Reviewer(s) Who Performed Review: Cook

Response Received	Deficiencies Noted During Acceptance Review
	1.
	2.
	3.
	4.

Reviewer's Initials: _____ **Date:** _____

Branch Chief's and/or SR. HP's Initials: _____ **Date:** _____

☐Yes ☐No Action - decommissioning notification should be issued within 30 days.

☐Yes ☐No Termination request < 90 days from date of expiration

☐Yes ☐No Action to be expedited

_____Medical emergency

_____Licensee in noncompliance (i.e. no RSO, location of use/storage not on license, radioactive material in possession not on license)

_____National Security

_____Other (_____)

Branch Chief's and/or Sr. HP's Initials: _____ **Date:** _____

SISP Review

☐Yes ☑No **Non-Publicly Available, Sensitive** if <u>any</u> item below is checked

_____Radionuclides, forms, and quantities

_____Location of RAM

_____Building drawings with locations of RAM

_____Security of RAM (locks, alarms, etc.)

_____SS&D Catalog information

_____Specifics of Emergency Plan (routes to and from RAM, response to security events, etc.)

_____Safeguards Information

Branch Chief's and/or Sr. HP's Initials: JMC **Date:** 2/24/06

PharmaRx Hawaii

98-021 Kamehameha Hwy, Unit 319
Aiea, HI, 96701
(808) 487-0814
(808) 487-0816 - Fax

FEB 2 1 2 3

facsimile transmittal

To: JACQUELINE COOK
Fax: (817) 860 - ~~8137~~ 8263
From: BLAINE IKEDA
Date: 2-21-06 ~~8455~~
Re: PHARMACY LICENSE PHARMA RX HAWAII
Pages: 6 (including cover)
Cc:

☐ Urgent ☐ For review ☐ Please comment ☐ Please reply ☐ Please recycle

PharmaRx Hawaii LLC
98-021 Kamehameha Hwy, Unit 319
Aiea, HI, 96701
(808) 487-0814

February 21, 2006

Jacqueline D. Cook, Senior Health Physicist
United States Nuclear Regulatory Commission Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, Texas, 76011-8064

Re: License Amendment
License number 53-29217-01 MD
Docket No. 030-37049

Jacqueline D. Cook:

PharmaRx Hawaii LLC would like to amend our radioactive material license number 53-029217-01 MD, Docket No. 030-37049, to authorize preparation, distribution, and dispensing of radiopharmaceuticals as a commercial radiopharmacy. We have received our pharmacy license from the State of Hawaii, and I have received my pharmacist licensure to practice as a pharmacist in the State of Hawaii. I have included copies of this licensure with this letter.

I would also like to update you with contact information for the pharmacy. The pharmacy phone number is (808) 487-0814. The pharmacy fax number is (808) 487-0816. My cell phone number is (808) 347-0761.

Thank you for your help in completing our licensure process. Your prompt attention in this matter is greatly appreciated.

Sincerely,

Blaine T. Ikeda, Pharm D
CEO/Radiation Safety Officer
PharmaRx Hawaii LLC

BOARD OF PHARMACY
STATE OF HAWAII
PROFESSIONAL & VOCATIONAL LICENSING DIVISION
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
P.O. BOX 3469
HONOLULU, HAWAII 96801-3469

01/30/06

PHARMARX HAWAII LLC
98-021 KAMEHAMEHA HWY #319
AIEA HI 96701

N O T I C E O F L I C E N S U R E

LICENSE TYPE: PHARMACY

LICENSE NO.: PHY 670

EFFECTIVE DATE: 01/30/06

EXPIRATION DATE: 12/31/07

This is authorization to act as a licensee as indicated above until such time that a license is processed.

THIS AUTHORIZATION IS VALID ONLY WHEN SIGNED BY THE EXECUTIVE OFFICER OF THE BOARD.

Lutrell. Ishima

EXECUTIVE OFFICER

BOARD OF PHARMACY
STATE OF HAWAII
PROFESSIONAL & VOCATIONAL LICENSING DIVISION
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
P.O. BOX 3469
HONOLULU, HAWAII 96801-3469

02/14/06

BLAINE T IKEDA

N O T I C E O F L I C E N S U R E

LICENSE TYPE: PHARMACIST

LICENSE NO.: PH 2512

EFFECTIVE DATE: 02/13/06

EXPIRATION DATE: 12/31/07

This is authorization to act as a licensee as indicated above until such time that a license is processed.

THIS AUTHORIZATION IS VALID ONLY WHEN SIGNED BY THE EXECUTIVE OFFICER OF THE BOARD.

EXECUTIVE OFFICER

Department of Commerce and Consumer Affairs
Professional and Vocational Licensing Division

Professional and Vocational Licensing Search

LICENSE SCREEN

[Look up License Type Codes->]
Please click a link listed below to display the other screen.

******* GENERAL LICENSEE *******

LIC ID: PH-2512 **Active/Inactive:**
NAME: BLAINE T IKEDA
TRADE NAME:
STATUS: CURRENT, VALID & IN GOOD STANDING
ENTITY: INDIVIDUAL **BUSINESS CODE:**
ORIG LIC DATE: 2/13/06 **EXPIRE DATE:** 12/31/07
CLASS PREFIX: **SPECIAL PRIVILEGE:**
RESTRICTION: **EDUCATION CODE:**
BUSINESS ADDR:
MAILING ADDR:

Click here to enter search criteria for prior complaints history ->
For prior complaints and disciplinary history, contact licensing and business information center at (808)587-3295.

<-Back New Search->

EMPLOYEES LIST || EMPLOYERS LIST || INSURANCE/BOND || LICENSE CLASS

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Department of Commerce and Consumer Affairs
Professional and Vocational Licensing Division

Professional and Vocational Licensing Search

LICENSE SCREEN

[Look up License Type Codes->]
Please click a link listed below to display the other screen.

******* GENERAL LICENSEE *******

LIC ID: PHY-670 **Active/Inactive:**
NAME: PHARMARX HAWAII LLC
TRADE NAME:
STATUS: CURRENT, VALID & IN GOOD STANDING
ENTITY: ORGANIZATION (LIMITED LIABILITY COMPANY) **BUSINESS CODE:**
ORIG LIC DATE: 1/30/06 **EXPIRE DATE:** 12/31/07
CLASS PREFIX: **SPECIAL PRIVILEGE:**
RESTRICTION: **EDUCATION CODE:**
BUSINESS ADDR: 98-021 KAMEHAMEHA HWY #319 AIEA HI 96701
MAILING ADDR:

Click here to enter search criteria for prior complaints history ->
For prior complaints and disciplinary history, contact licensing and business information center at (808)587-3295.

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FEB 27 2006

DATE

This is to acknowledge the receipt of your letter/application dated 2-21-06, and to inform you that the initial processing, which includes an administrative review, has been performed.

☒ There were no administrative omissions. Your application will be 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:

The action you requested is normally processed within 90 days.

☐ 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** 470813.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Colleen Murnahan

Licensing Assistant

NRC FORM 532 (RIV)
(9-2003)

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 03810
Status Code: 0
Fee Category: _____
Exp. Date: 20151231
Fee Comments: _____
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: PHARMARX HAWAII LLC
   Received Date: 20060221
   Docket No: 3037049
   Control No.: 470873
   License No.: 53-29217-01MD
   Action Type: Amendment

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

3. COMMENTS

Signed Colleen Murnahan
Date 2/23/06

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 _____