October 10, 2016

Division of Nuclear Materials Safety
United States Nuclear Regulatory Commission
Region I
2100 Renaissance Blvd.
King of Prussia, PA 19406-1415
Attn: Medical Licensing

Br. 1
03001246

RE: License No. 06-00854-03

SUBJECT: Amendment Request, resubmitted, Lic. No. 06-00854-03

To Whom It May Concern,

St Francis Hospital and Medical Center (St Francis) requests the following radioactive materials license amendments:

1. St Francis would like to add Dr. Swapnil S. Bagade as an Authorized User (AU) to our license for radioactive materials use under 10CFR35.100, 10CFR35.200, and 10CFR35.300. Dr. Bagade is a nuclear medicine physician who comes to us from Washington University in St. Louis, MO, where he was an AU. A copy of his Authorization from Washington University is included as an attachment.
2. St Francis Hospital and Medical Center (St Francis) would like to add Y-90 TheraSphere therapy for interventional radiology. Y-90 TheraSphere information is included in the attachments.

Any questions regarding the above matter should be directed to the undersigned at *518-755-7465*.

Sincerely,

Greg Hisel, MS,MBA,CHP
Radiation Safety Officer
Saint Francis Hospital and Medical Center
114 Woodland Street
Hartford, CT 06105
Office: 860-714-5596
Cell: 518-755-7465
Email: gregory.hisel@stfranciscare.org

592276
NMSS/RGN1 MATERIALS-002

Y-90 Therasphere information:

- The TheraSphere therapy would be administered in interventional radiology.
- The Sealed Source and Device Registry Number is NR-0220-D-131-S, dated 3Oct2008.
- Maximum Total Possession Activity: 3 Ci
- The maximum dose currently available for the Y-90 therasphere therapy is 20 BGq (540 mCi), although the 7 GBq or 10 GBq are more common.
- Chemical/Physical form: Y-90 embeded glass microspheres
- Procedures for use of Y-90 TheraSpheres will follow the directions in the sealed source and device registry.
- Y-90 will be stored in the hospital's main nuclear pharmacy in radiology, with individual patient doses distributed on the day of use.

Authorized Users:

The Y-90 TheraSphere program at St Francis is being initiated at St Francis by Dr. Erik Bee, interventional radiologist. Pending Dr. Bee's completion of AU qualification, St Francis would like to use a team approach to the Y-90 TheraSphere program. The administration of the microspheres will be supervised by another AU, either Dr. Swapnil Bagade or Dr. Anthony Posteraro. Dr. Bagade and Dr. Posteraro will be attending the manufacturer's Authorized Training Program on October 28, 2016 at Mt. Sinai Hospital in New York. A copy of their training certificates will be forwarded to the NRC upon completion of the training.

St Francis is requesting that Dr. Eric Bee, interventional radiologist, be added to the license as an authorized user. A resume showing years of experience for Dr. Bee is included in the attachments. Dr. Bee is ACR eligible, but has not yet taken the board.

St Francis confirms that Dr. Bagade and Dr. Posteraro will complete three supervised patient treatments with a manufacturer's Proctor.

Program Maintenance:

St Francis confirms that:

- Training will be provided to all individuals that prepare, measure, and perform dosimetry calculations.
- Written directives and medical event reporting will specify prescribed dose in terms of means the total dose (rad or Gy) or prescribed activity (mCi or GBq).
- The written directive will include the patient or human research subject's name; the date; the signature of an AU for Y-90 microspheres; the treatment site; the radionuclide (including the physical form [Y-90 microspheres]); the prescribed dose/activity; the manufacturer; and, if appropriate for the type of microsphere used, the statement "or dose/activity delivered at stasis."

- The written directive will specify the maximum dose(s)/activity(ies) that would be acceptable to the specified site(s) outside the primary treatment site due to shunting (e.g. lung and gastrointestinal tract).
- Administration of Y-90 microspheres will be performed in accordance with the written directive. If the procedure must be modified due to emergent patient conditions that prevent administration in accordance with the written directive (e.g. artery spasm or sudden change in blood pressure), the AU will document such changes in the written directive within 24 hours after the completion or termination of the administration. The modification to the written directive will include the reason for not administering the intended dose/activity, the date, and the signature of an AU for Y-90 microspheres.
- We will record the administered dose/activity delivered to the primary treatment site and to the other specified site(s). If the administration was terminated because of stasis, then the total dose/activity to the treatment site is the value of the total dose/activity administered when stasis occurred and the administration was terminated. The record will be prepared within 24 hours after the completion or termination of the administration and will include the name of the individual who made the assessment, the date, and the signature of an AU for Y-90 microspheres, if terminated due to stasis.
- We commit to following the manufacturer's procedures for calculating/documenting the dose to the treatment and other sites, preparing the dose for administration, and performing pre/post vial dose measurements; or submit alternative methods.
- The semi-annual physical inventory of microsphere aggregates (e.g. vials) will include:
    - the radionuclide and physical form; and
    - unique identification of each vial in which the microspheres are contained;and
    - the total activity contained in each of the vial(s); and
    - the location(s) of the vial(s).
- We will retain each semi-annual physical inventory record for three years.
- We will develop procedures that describe measures taken to ensure that radiation emissions, which may include bremsstrahlung, from each patient or human research subject permits his/her release in accordance with 10 CFR 35.75.
- We will follow the additional guidance applicable when the Y-90 microspheres are placed in vials, syringes, or radiation shields that are not labeled by the manufacturer:
- We will label vials and vial radiation shields with radionuclide and form (e.g.,Y-90 microspheres).
- We will label syringes and syringe radiation shields with the radionuclide,form, and therapeutic procedure (e.g., Y-90 microspheres, brachytherapy).
- We will report any event, except for an event that results from intervention of a patient or human research subject, in which:
    - the administration of byproduct material results in a dose that exceeds 0.05 Sv (5 rem) effective dose equivalent or 0.5 Sv (50 rem) to an organ or tissue from the use of the wrong radionuclide; or

    - the administration of Y-90 microspheres results in a dose
        - that differs from the prescribed dose or the dose that would have resulted from the prescribed activity, as documented in the written directive, by more than 0.05 Sv (5 rem) effective dose equivalent or 0.5 Sv (50 rem) to an organ or tissue, and the total dose/activity administered differs from the

prescribed dose/activity, as documented in the written directive, by 20 percent or more; or

- that exceeds 0.05 Sv (5 rem) effective dose equivalent or 0.5 Sv (50 rem) to an organ or tissue from an administration to the wrong individual or human research subject, via the wrong route, or by the wrong mode of treatment; or
- to an organ or tissue other than the treatment site that exceeds by 0.5 Sv (50 rem) to an organ or tissue and by 50 percent or more of the prescribed dose/activity expected to that site from the administration of Y-90 microspheres, if carried out as specified in the written directive.

- We will comply with the medical event reporting and notification requirements as described in 10 CFR 35.3045(b)-(g).
- If the physical conditions of use exceed those reported in the Sealed Source and Device Registry certificate, we will request a license amendment for the new conditions.

Future Changes to the Program:

St Francis wishes to be authorized to make minor revisions to our microsphere program. The change process will mirror the process in 10 CFR 35.26. Any such changes to the St Francis microsphere radiation safety will require the following conditions to be met:

- the revision is in compliance with the regulations; and
- the revision is based upon NRC's current guidance for TheraSphere® and SIRSpheres® Y-90 microspheres 35.1000 use posted on the NRC Web site; and
- the revision has been reviewed and approved by the licensee's Radiation Safety Officer and licensee's management; and
- the affected individuals are instructed on the revised program before the change is implemented; and
- the licensee will retain a record of each change for five years; and
- the record will include a copy of the appropriate website guidance, the old procedure, the new procedure, the effective date of the change, and the signature of the licensee management that reviewed and approved the change.

Other:

St Francis confirms that we have reviewed Information Notice (IN 2007-10) regarding disposal issues of Y-90 microspheres due to potential contaminants. Waste disposal procedures will be modified accordingly.

Future Authorized Users:

St Francis wishes to be authorized to notify the NRC in the future that we have permitted an authorized user to work at St Francis without requesting an additional license amendment. St Francis confirms the following will be met:

a. The authorized user (AU) satisfies the training and experience listed in NRC's licensing guidance for Y-90 microspheres; and

b. The AU is currently listed for the same type of Y-90 microsphere use on a Commission or Agreement State license, a permit issued by a Commission master materials license, a permit issued by a Commission or Agreement State licensee of broad scope, or a permit issued by a Commission master materials license broad scope permittee; and

c. St Francis will provide to the NRC a copy of the license or permit on which the AU is listed for a specific microsphere use; and

d. St Francis will provide documentation of the above listed conditions to NRC for each AU no later than 30 days after the date that the licensee allows the AU to work as an AU for the specific microsphere.

Washington University in St. Louis

Environmental Health and Safety — Radiation Safety Office

RADIOACTIVE MATERIALS AUTHORIZATION

Bagade 1089-01 NUC, Active-CoAuth
Initial Approval 05/13/2015
Expires 11/21/2018
Nuclear Medicine Functional Co-Authorization

To: Dr. Swapnil S. Bagade, Authorized User No. 1089 — May 14, 2015
RA-Radiology, Dept., Campus Box 8223
Radioactive Materials Authorization, Nuclear Medicine: 1089-01 NUC, Active-CoAuth
Amendment No. 0

From: Susan M. Langhorst, Ph.D., CHP
Radiation Safety Officer
Executive Secretary, Radiation Safety Committee

The Radiation Safety Committee and the Primary Authorized User have approved your co-authorization under the Nuclear Medicine Functional Authorization for the specific medical uses listed below. Should you require procedural information or any other form of assistance, please contact David Luechtefeld at 362-3478 or luechted@wusm.wustl.edu or the Nuclear Medicine Contact listed below.

The Primary Authorized User (Primary AU), identified below, is responsible for this functional authorization, including all regulatory and radiation safety provisions. The Primary AU must approve addition of any new Co-Authorized User to this functional authorization. The Primary AU may accept or decline to accept any Co-Authorized User under the primary authorization with due cause related to safety or compliance concerns.

PRIMARY AUTHORIZATION INFORMATION

Nuclear Medicine Functional Authorization

Primary AU:	Primary Contact:
Dr. Barry A. Siegel	Dmitry Beyder
362-2809	747-1995
Campus Box 8223	Campus Box 8223
siegelb@mir.wustl.edu	dmitry.beyder@bjc.org

As Co-Authorized User, you are individually responsible as the Supervising Authorized User for every medical use radiopharmaceutical administration issued under your name. You are responsible to know the details of the functional authorization, issued in accordance with NRC License Number 24-00167-11. Specifically, you have the responsibility to: address any compliance issues identified by the Primary AU or Radiation Safety Staff; ensure all incidents are reported to the Primary AU and to the Radiation Safety Officer; and ensure all regulatory requirements are met.

CO-AUTHORIZED MEDICAL USES

Auth #	Approved Medical Use
9021-01-200	Nuclear Medicine 10 CFR 35.200 medical uses
9021-01-300	Nuclear Medicine 10 CFR 35.300 medical uses
9021-01-100	Nuclear Medicine 10 CFR 35.100 medical uses

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(314) 362-3476, Fax (314) 362-4776, radsafety@wustl.edu, http://radsafety.wustl.edu

Washington University in St. Louis

Environmental Health and Safety — Radiation Safety Office

RADIOACTIVE MATERIALS AUTHORIZATION

Nuclear Medicine 9021-01 NUC, Active-Primary
Amendment 05/13/2015
Expires 11/21/2018
Nuclear Medicine Functional Authorization
May 14, 2015

To: Dr. Barry A. Siegel, Primary Authorized User No. 9021
BJ RA-Nuclear Medicine, Div., Campus Box 8223
Radioactive Materials Authorization, Medical Use: 9021-01 NUC, Active-Primary
Amendment No. 26

From: Susan M. Langhorst, Ph.D., CHP
Radiation Safety Officer
Executive Secretary, Radiation Safety Committee

The Radiation Safety Committee has approved your authorization for the use of radionuclides. The details of the authorization are listed below. Should you require procedural information or any other form of assistance, please contact Briana Davis at 362-4966 or brianadavis@wustl.edu.

PRIMARY AUTHORIZED USER: Dr. Barry A. Siegel

SPECIAL CONDITIONS

Amend. No./ Date	Condition	
1 02/25/2009	1	Approved use under 10 CFR 35.100, 35.200, 35.300, NRC License Number 24-00167-11, and specified procedures from the Nuclear Medicine Department. Amendment No. 1 denotes the first date this functional authorization was fully tracked in the Radiation Safety Office database.
1 02/25/2009	2	All Authorized Users shall meet the training and experience requirements in 10 CFR 35.59, 35.190, 35.290 and/or 35.390 as appropriate for the specific uses allowed on their individual Co-Authorization.
1 02/25/2009	3	Certain staff of other departments/divisions may be designated as "Radiation Trained Individuals" (RTI) for the purpose of assisting in or performing certain nuclear medicine procedures, or as "Patient Care-Providers" (PCP) for the purpose of caring for radioactive patients who have already been released from 10 CFR 35 regulations. These RTIs and PCPs must first receive task-specific training from the Supervising Authorized User or designee. Task-specific training might include but is not limited to: maintaining control and security of radioactive materials and radioactive waste; understanding all written radiation protection procedures, regulations of 10 CFR 35, license conditions and specific Nuclear Medicine procedures; patient release criteria and requirements; the ALARA philosophy, etc. Nuclear Medicine Staff is responsible for documentation of the completion and scope of the task-specific training. RTIs and PCPs will not be tracked on the functional authorization.
1 02/25/2009	4	For every radiopharmaceutical administration issued under his/her name, the Supervising Authorized User is responsible to ensure all regulatory requirements are met. This includes ensuring all Radiation Workers and RTIs understand what qualifies as a medical event and how to properly respond to and report a medical event in accordance with 10 CFR 35.3045.

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1	02/25/2009	5	All supervised individuals (Radiation Workers and RTIs) under this authorization are required to follow the instructions of the Supervising Authorized User regarding the preparation and administration of radioactive material for medical use, written radiation protection procedures, written directive procedures, regulations, and license conditions with respect to the medical use of byproduct material. The Supervising Authorized User is responsible for the acts and omissions of supervised Radiation Workers and RTIs. Authorized Users are also considered Radiation Workers.
1	02/25/2009	6	All Authorized Users and Radiation Workers shall be instructed in the written radiation protection procedures, regulations of 10 CFR 35, and license conditions with respect to the use of radioactive material; and also required to receive Annual ALARA refresher training.
1	05/23/2012	7	Radiation Workers under this authorization are approved to directly order radiopharmaceuticals and directly receive shipments of radiopharmaceuticals from the vendor. To facilitate after hours delivery, certain vendor transporters will be issued the access badge(s) required to access the radiopharmaceutical lab(s) (RPL) and are allowed to leave packages within the locked RPL(s). Radioactive packages must be received in accordance with 10 CFR 20.1906 and Nuclear Medicine Departmental procedures.
1	02/25/2009	8	Radiation Workers under this authorization are approved to directly order sealed sources. All sealed sources will be shipped to the Radiation Safety Office to be received and entered into the sealed source inventory and leak test schedule database.
1	05/23/2012	9	Radiation Workers who have been trained in the necessary DOT requirements and who have been approved to do so by Nuclear Medicine are granted approval to prepare and ship back to the vendor packages of radioactive material and Limited Quantity packages. Nuclear Medicine will maintain a current list of certified, trained shippers and will provide that list to Radiation Safety. Radiation Safety will facilitate access to a qualifying DOT training course and will inspect Nuclear Medicine on proper shipping practices. The Radiation Safety Office should be consulted whenever technical assistance is needed in making such shipments.
1	05/23/2012	10	Radioactive materials may be moved between this authorization's approved areas in the Medical Center provided: a) Non-sealed radioactive material is secured in a container designed to prevent a spill if the container is dropped. b) Radioactive material is limited or shielded to less than 10 mrem/hr at one foot and less than 1 mrem/hr at one meter. c) Radioactive material is under constant surveillance by a Radiation Worker or trained individual at all times while in transport. d) Movement outside any of these parameters is done with the prior approval of the Radiation Safety Office.
1	02/25/2009	11	Under this authorization, radioactive materials with a physical half-life of less than 30 days may be held for decay-in-storage before disposal without regard to its radioactivity in accordance with 10 CFR 35.92 and 35.2092.
1	02/25/2009	12	Each syringe and vial that contains radiopharmaceutical must be labeled to identify the

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radioactive drug. Each syringe shield and vial shield must also be labeled unless the label on the syringe or vial is visible when shielded. The container to carry radiopharmaceuticals on/between campuses shall be labeled "Caution: Radioactive Materials".

1 02/25/2009 13 Patient areas and operating rooms other than those specifically listed on this authorization may occasionally be used for Nuclear Medicine procedures, provided a Radiation Worker controls and maintains constant surveillance of the radioactive material prior to administration; properly accounts for any unused radiopharmaceutical, contaminated equipment or radioactive waste; and follows reasonable measures to maintain the area free of contamination. In the event that potential contamination is suspected, appropriate surveys will be performed. Certain Nuclear Medicine procedures may be performed by RTIs in areas other than those specifically listed on this authorization, provided these individuals have first received the proper task-specific training provided by Nuclear Medicine Staff. Nuclear Medicine Staff must retain documentation of such training. These RTIs are responsible for following the instructions of the Supervising Authorized User.

1 02/25/2009 14 The activity of each dosage will be determined and recorded before medical use in accordance with 10 CFR 35.63. Any instrument used under this authorization to directly measure this activity will be tested according to current ANSI standard in accordance with 10 CFR 35.60(b). Radiation Workers under this authorization are responsible to perform daily constancy and background checks on each day that the dose calibrator is in use.

1 02/25/2009 15 In the event that BJH PET/CT units are not functioning, Radiation Workers under this authorization are approved to transport the radioactive materials-dosed patient to the Center for Clinical Imaging Research (CCIR) for imaging. Specific training will be required of each Radiation Worker before he/she may transport a dosed patient. Nuclear Medicine will keep a list of Radiation Workers who have completed this training in the PET/CT area in Nuclear Medicine with a copy provided to Radiation Safety. Transport of the patient will be in accordance with written internal Nuclear Medicine procedures. Radiation Safety will be notified as soon as it becomes apparent that transportation to CCIR may be necessary.

1 02/25/2009 16 Staff under this authorization are required to maintain the primary NRC records for the following. These records must be kept for a minimum of three years unless otherwise noted:
a) Written Directives completed under this authorization in accordance with 10 CFR 35.2040;
b) Copy of the procedures required for Written Directives for the duration of the authorization, at which time they must be transferred to the Radiation Safety Office in accordance with 10 CFR 35.2041;
c) Receipt records for radioactive material received directly by or made in Nuclear Medicine for as long as the material is possessed and for a minimum of three years following transfer or disposal of the material in accordance with 10 CFR 30.51;
d) Records of dosages of unsealed radioactive material administered under this authorization in accordance with 10 CFR 35.2063;
e) Radiation survey results in accordance with 10 CFR 35.2070;
f) Records of release of individuals containing unsealed radioactive material under this authorization in accordance with 10 CFR 35.2075;
g) Record of instruction to a breast-feeding female in accordance with 10 CFR 35.75(b);
h) Records of decay-in-storage release of radioactive materials under this

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authorization in accordance with 10 CFR 35.2092;
i) Records of any shipments of radioactive material made by radiation workers under this authorization in accordance with DOT regulations and 10 CFR 30.51;
j) Documentation of training for RTIs and PCPs in accordance with 10 CFR 35.310.

22 03/17/2015 17 Radiation Safety must be notified in advance when an order is to be placed for I-131 NaI in oral solution, so that a thyroid bioassay can be obtained for the person who performs the procedure. At the time of an oral administration, an air sample may also be obtained by Radition Safety staff if necessary.

25 04/23/2015 18 Dr. Thorstad is not PET trained, and therefore is not allowed to serve as a Supervising Authorized User for PET procedures.

25 04/23/2015 19 To accomodate patient safety and satisfaction, a temporary exception to our requirement that Xe-133 studies be performed under negative pressure is being allowed in CH:145, only until renovations have been completed in the negative pressure room CH:118 (expected by August 2, 2015). During this time period, Nuclear Medicine staff must follow the conditions outlined in the safety review provided by the Primary Authorized User in his letter dated April 3, 2015. These include: completion of a cold fit-test on patients prior to Xe administrations; room doors must be closed during any ventilation study; an audible radiation monitor will be in use during any ventilation study; an airborne radioactive material sign will be placed appropriately before any ventilation study. In the event of a spill, all people must exit the room, Radiation Safety must be notified, and the doors must be closed and under continual surveillance of Nuclear Medicine staff. A wait time of at least 15 minutes must be observed before re-entry with a survey meter to ensure any Xe-133 has dissipated.

AUTHORIZED RADIONUCLIDES AND QUANTITIES

Nuclide	Form	Order Limit	Ann. Purch. Lmt	Trigger Level	Unit
Ba-133	Sealed Source	1	1.00000		mCi
C-11	Any	60	20,000.00000		mCi
Co-57	Sealed Source	30	75.00000		mCi
Cr-51	Any	1	15.00000		mCi
Cs-137	Sealed Source	5	7.00000		mCi
F-18	Any	1,000	468,000.00000		mCi
Ga-67	Any	20	1,000.00000		mCi
Ga-68	Any	20	5,000.00000		mCi
Gd-153	Sealed Source	10	20.00000	0.00001	mCi
Ge-68	Sealed Source	20	40.00000		mCi
I-123	Any	30	1,000.00000		mCi
I-125	Any Non-Volatile	6	150.00000		mCi
I-131v	NaI liquid or capsule	500	12,500.00000		mCi
In-111	Any	20	3,000.00000		mCi
N-13	Any	60	25,000.00000		mCi
Tc-99m	Any	12,000	700,000.00000		mCi
Tl-201	Any	100	10,000.00000		mCi
Xe-133	Any	2,000	40,000.00000		mCi

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AUTHORIZED USE AND STORAGE LOCATIONS

Building	Area Location	Type*	Primary	Postings and Special Notes
St. Louis Children's Hospital	CH:118	PR		Under construction not posted
St. Louis Children's Hospital	CH:145	PT		Radiation Area
Center for Advanced Medicine	CM:NM Inject	IJR		Radiation Area
Center for Advanced Medicine	CM:PET Pharm	PDP		Radiation Area
Center for Advanced Medicine	CM:PET Rm A	PIJ		Radiation Area
Center for Advanced Medicine	CM:PET Rm B	PIJ		Radiation Area
Center for Advanced Medicine	CM:PET Rm C	PIJ		Radiation Area
Center for Advanced Medicine	CM:PET Rm D	PIJ		Radiation Area
Center for Advanced Medicine	CM:PET Rm E	PIJ		Radiation Area
Center for Advanced Medicine	CM:PET Rm F/G	IJR		Radiation Area
Center for Advanced Medicine	CM:Proc Rm 1	NMC		Radiation Area
Center for Advanced Medicine	CM:Proc Rm 2	NMC		Radiation Area
Center for Advanced Medicine	CM:Proc Rm 3	NMC		Radiation Area
Center for Advanced Medicine	CM:Proc Rm 4	NMC		Radiation Area
Center for Advanced Medicine	CM:Proc Rm 5	PCT		Radiation Area
Center for Advanced Medicine	CM:Proc Rm 6	PCT		Radiation Area
Center for Advanced Medicine	CM:Proc Rm 7	NMC		Radiation Area
Center for Advanced Medicine	CM:Rad Waste	WA		Radiation Area
Center for Advanced Medicine	CM:RPL	RPL		Radiation Area
West Pavilion (BJH)	WP: Hrts 1	NMC		Radiation Area
West Pavilion (BJH)	WP:10	NMC		Radiation Area
West Pavilion (BJH)	WP:4	NMC		Radiation Area
West Pavilion (BJH)	WP:5	NMC		Radiation Area
West Pavilion (BJH)	WP:6	NMC		Scheduled for Close-out
West Pavilion (BJH)	WP:8	NMC		Radiation Area
West Pavilion (BJH)	WP:9	NMC		Radiation Area
West Pavilion (BJH)	WP:Card Inj R	IJR		Radiation Area
West Pavilion (BJH)	WP:Exam Room	IJR		Radiation Area
West Pavilion (BJH)	WP:Hrts 2	NMC		Radiation Area
West Pavilion (BJH)	WP:Rad Waste	WA		Radiation Area
West Pavilion (BJH)	WP:RPL	RPL	Y	Radiation Area RAM sink
West Pavilion (BJH)	WP:Storage	STO		Radiation Area
West Pavilion (BJH)	WP:TM A	TRD		Radiation Area
West Pavilion (BJH)	WP:TM B	TRD		Radiation Area
West Pavilion (BJH)	WP:TM C	TRD		Radiation Area

* Lab Type Codes:
IJR = Injection Room
NMC = Nuclear Medicine Camera R
PCT = PET/CT Scanner Room
PDP = PET Dose Prep Room
PIJ = PET Injection Room
PR = Procedure Room
PT = Patient Room
RPL = Radiopharmaceutical Lab
STO = Storage Room

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* Lab Type Codes:
TRD = Treadmill Room
WA = Waste Area

AUTHORIZED DRAIN DISPOSAL LOCATIONS

Drain ID	Lab	Description
9021-1	WP:RPL	NW corner

CO-AUTHORIZED USERS

Name	AU No.	Name	AU No.	Name	AU No.	Name	AU No.
Bagade, Swapnil S.	1089	Byrum, Eric P.	1090	Chen, Delphine L.	0855	Davila-Roman, Victor	9087
Dehdashti, Farrokh	0931	Fischer, Keith	0376	Gropler, Robert J.	0635	Jain, Rashmi	1071
McConathy, Jonathan	0960	Qi, Jing	1091	Royal, Henry D.	9017	Sharma, Akash	0929
Siegel, Barry A.	0930	Sotoudeh, Houman	1092	Thorstad, Wade	9085	Wahl, Richard L.	1084
Wallis, Jerold W.	9024						

APPROVED RADIATION WORKERS

Name	Function	Name	Function	Name	Function	Name	Function
Ahmed, Pershang A.	NMT	Beyder, Dmitry	NMT	Bowen, David	NMP	Brewer, Edward	NMP
Bunevac, Darlene M.	NMT	Burney, Renee	NMP	Cave (Lex), Jennifer	NMP	Christensen, Deborah	NMP
Dunn, Kimberly	NMP	Frye, Jennifer	NMP	Frye (Krumrey), Sarah	NMP	Giannas, Christina	NMP
Laforest, Richard	PET	Marone, Amanda	NMP	McCommis, Jim	NMP	Meeker, Tom	NMP
Moerlein, Stephen M.	NRW	Oyama, Reiko	NRW	Sargar, Kiran	NRW	Schelker, Paul	NMP
Scheve, William	NMP	Schmitt, Marty	NMP	Schultz, Theresa	NMP	Schwarz, Sally	NRW
Self, Anna	NMP	Sievers, Krista	NMP	Silvestros, Delynn	NMP	Stringer, Scott	NMP
Waldschmidt, Joanne	NMP	Younglove, Shanon	NMP				

Note: The lists of Co-Authorized Users and Approved Radiation Workers are current as of the date of the authorization amendment. (NMT = Nuclear Medicine Technologist, NMP = Nuclear Medicine Technologist with PET, NMR = Nuclear Medicine Resident, NRW = Nuclear Medicine Radiation Worker, PET = PET Radiation Worker). Contact the Radiation Safety Office for the up-to-date listing.

cc: Dmitry Beyder

Co-Authorized Users

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(314) 362-3476, Fax (314) 362-4776, radsafety@wustl.edu, http://radsafety.wustl.edu

NRC FORM 532
(05-2016)

U.S. NUCLEAR REGULATORY COMMISSION

ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Saint Francis Hospital and Medical Center
Attn: Gregory Hisel, MS, MBA, CHP
114 Woodland Street
Hartford, CT 06105

Date
11/10/2016

License Number(s)
06-00854-03

Mail Control Number(s)
592276

Licensing and/or Technical Reviewer or Branch
Medical Branch

This is to acknowledge receipt of your: ☑ **Letter and/or** ☐ **Application** **Dated:** 10/10/2016

The initial processing, which included an administrative review, has been performed.

☑ **Amendment** ☐ **Termination** ☐ **New License** ☐ **Renewal**

☑ **There were no administrative omissions identified during our initial review.**

☐ **This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.**

☐ **Your application for a new NRC license did not include your taxpayer identification number. Please complete and submit NRC Form 531, Request for Taxpayer Identification Number, located at the following link: http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf**

Follow the instructions on the form for submission.

☐ **The following administrative omissions have been identified:**

Your application has been assigned the above listed MAIL CONTROL NUMBER. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

Region I
U. S. Nuclear Regulatory Commission
Division of Nuclear Materials Safety
2100 Renaissance Boulevard, Suite 100
King of Prussia, PA 19406-2713
(610) 337-5260, (610) 337-5313,
(610) 337-5398, or (610) 337-5239