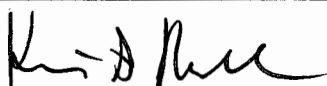




CONVERSATION RECORD

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU Neil Stubbs	DATE OF CONTACT 11/02/2016	TYPE OF CONVERSATION <input type="checkbox"/> E-MAIL <input type="checkbox"/> INCOMING <input checked="" type="checkbox"/> TELEPHONE <input type="checkbox"/> OUTGOING
E-MAIL ADDRESS nstubbs@triadisotopes.com	TELEPHONE NUMBER (419) 705-1359	
ORGANIZATION Triad Isotopes, Inc	DOCKET NUMBER(S) 030-38278	
LICENSE NUMBER(S) 09-32781-02MD	CONTROL NUMBER(S) 591675	
SUBJECT Triad Isotopes requested to amend their license to authorize compounding of iodine-123 capsules.		
SUMMARY AND ACTION REQUIRED (IF ANY) Describe the safety-related facilities and equipment that be used for handling and compounding iodine-123 capsules. For example, will you be doing the compounding in an enclosed, filtered system, e.g. glove box? Describe the monitoring and filtration of iodine-123 air effluent that will be created as a result of the compounding. Describe your processes/procedures for checking filters for saturation and periodic change-out. Describe/submit a bioassay program for iodone-123. Describe the expected frequency of compounding iodine-123, and maximum quantities that you expect will be processed at any one time. Identify the authorized users who will compounding iodine-123. We note that your current license authorizes compounding of iodine-131 capsules. Therefore, if any of the above information is already described in your current license tie down documents, please identify the appropriate sections, and commit to applying those particular procedures, practices, and equipment for the compounding of iodine-123 capsules.		
NAME OF PERSON DOCUMENTING CONVERSATION Kevin Null		
SIGNATURE 		DATE OF SIGNATURE 11/02/2016