

**From:** [Lanzisera, Penny](#)  
**To:** [Hisel, Gregory](#)  
**Subject:** Request for Additional Information  
**Date:** Tuesday, October 23, 2018 12:28:00 PM

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Licensee: Saint Francis Hospital and Medical Center  
License No. 06-00854-03  
Docket No. 03001246  
Mail Control 610174

To support your request to add Dr. Grew to you license, please provide the following:

1. It is unclear which types of uses you are requesting. For instance, training and experience for Dr. Grew with 35.390 (I-131 and Ra-223), 35.690 (HDR), and 35.1000 (microspheres) was provided; however, it appears that you are seeking approval for 35.300 (parenteral only), 35.400, and 35.600 (HDR only). Please clarify.
2. The ABR certificate provided is illegible. Please provide a clearer copy.
3. With regard to approval under 10 CFR 35.390 (parenteral only), please provide: a) pursuant to NRC guidance Ra-223 falls under 35.390 (parenteral with beta/photon) and microspheres under 35.1000. Therefore, only 1 case was presented by Dr. Grew to support uses under 10 CFR 35.390 (parenteral). Please provide documentation of additional casework (eg, Sm-153 or additional Ra-223 cases); and b) the preceptor attestation on the AUT form in the Fifth Section is incomplete. Please complete the preceptor's authorized user and experience information.
4. With regard to approval under 10 CFR 35.490, please: a) confirm that the Training and Experience documented on Page 1 of the AUS form is also applicable to 10 CFR 35.400 uses; and b) provided documentation of any manual brachytherapy casework completed.
5. With regard to approval under 10 CFR 35.690, please indicate which manufacturer's device was previously used and whether vendor training was completed.
6. Please provide a copy of Dr. Grew's Connecticut Medical License.
7. Please submit documentation indicating that an authorized user or medical physicist for manual brachytherapy and an authorized user or medical physicist for HDR have
8. provided Dr. Grew training on your operating and emergency response procedures.
9. If seeking approval for microsphere use under 10 CFR 35.1000, please review the training and experience guidance found at <https://www.nrc.gov/docs/ML1535/ML15350A099.pdf> and resubmit your request.
10. With regards to the supervising users and preceptors, please provide a copy of the New York license or permit demonstrating that they are authorized users for the type of uses supervising/preceptoring.

You may forward the above information to my attention either via fax to 610-337-5269 or via a signed pdf sent via email. Please include Mail control number 610174 in your reply. If we do not receive a reply from you within 30 days, we will consider that you no longer require the requested addition and void your request. Please contact me with any questions. Thank you for your assistance.

Penny Lanzisera

Senior Health Physicist  
U.S. NRC Region I