

From: [Lanzisera, Penny](#)
To: [Blankenship, Bette](#)
Subject: Hospital of Central Connecticut Request for Additional Information, MCN 611100
Date: Tuesday, January 29, 2019 3:54:00 PM

Licensee: The Hospital of Central Connecticut
License No. 06-02388-01
Docket No. 03001250
Mail Control 611100

Dear Ms. Blankenship, to complete our review of your request to add Authorized Users to the above license, please confirm:

1. The spelling of Dr. Thomas Fay's last name (e.g., Fey or Fay). The license referenced listed him as Dr. Fay; however you requested Dr. Fey. If there has been an error, please provide documentation to support the correct spelling of his name.
2. Dr. Spooner is listed on the referenced license for the following uses: 35.100, 35.200, Oral administration of sodium iodide iodine 131 in quantities less than or equal to 33 millicuries. Your request included parenteral administrations under 10 CFR 35.300. Please provide her training and experience and preceptor attestation for this additional use. Alternatively you may clarify "Oral administration of sodium iodide iodine 131 in quantities less than or equal to 33 millicuries" under 10 CFR 35.300 only.

You may fax the above information to my attention to 610-337-5269 or send a signed pdf including the above information to my email. Please reference Mail Control No. 611100 in your reply. Thank you for your assistance,

Penny Lanzisera
Senior Health Physicist
U.S. NRC, Region I