

MATERIALS LICENSE

Amendment No. 15

Pursuant to the Atomic Energy Act of 1954, as amended, the Energy Reorganization Act of 1974 (Public Law 93-438), and Title 10, Code of Federal Regulations, Chapter I, Parts 30, 31, 32, 33, 34, 35, 39, 40 and 70, and in reliance on statements and representations heretofore made by the licensee, a license is hereby issued authorizing the licensee to receive, acquire, possess, and transfer byproduct, source, and special nuclear material designated below; to use such material for the purpose(s) and at the place(s) designated below; to deliver or transfer such material to persons authorized to receive it in accordance with the regulations of the applicable Part(s). This license shall be deemed to contain the conditions specified in Section 183 of the Atomic Energy Act of 1954, as amended, and is subject to all applicable rules, regulations and orders of the Nuclear Regulatory Commission now or hereafter in effect and to any conditions specified below.

|   |   |  |  |
|---|---|--|--|
| <p>Licensee</p> <p>1. Advacare Management Services, Inc.</p> <p>2. 63 Great Road<br/>Maynard, Massachusetts 01754</p>   |   | <p>In accordance with letter dated April 28, 1992,</p> <p>3. License number 20-28078-01 is amended in its entirety to read as follows:</p> |  |
|   |   | <p>4. Expiration date September 30, 1992 (Extended)</p>  |  |
|   |   | <p>5. Docket or Reference No 030-30144</p>   |  |
| <p>6. Byproduct, source, and/or special nuclear material</p> <p>A. Any byproduct material included in 10 CFR 35.200</p> | <p>7. Chemical and/or physical form</p> <p>A. Any radiopharmaceutical included in 10 CFR 35.200 except generators and gas</p> | <p>8. Maximum amount that licensee may possess at any one time under this license</p> <p>A. As needed</p>                                  |  |
| <p>9. Authorized use</p> <p>A. Any imaging and localization procedure approved in 10 CFR 35.200.</p>                    |   |  |  |

CONDITIONS

10. Locations of use: 600 Worcester Road, Framingham, Massachusetts; 333 Longwood Avenue, Boston, Massachusetts; 1101 Beacon Street, Brookline, Massachusetts; Cape Ann Medical Center, Blackburn Industrial Park, Gloucester, Massachusetts; 830 Oak Street, Brockton, Massachusetts; 61 Lincoln Street, Framingham, Massachusetts; 829 South Main Street, Fall River, Massachusetts; 235 Hanover Street, Fall River, Massachusetts; 2-6 West Street, South Weymouth, Massachusetts; Yellow Brick Road, Hyannis, Massachusetts; 1030 President Avenue, Fall River, Massachusetts; 275 Allen Street, New Bedford, Massachusetts; 49 State Road, Dartmouth, Massachusetts; 21 Highland Avenue, Newburyport, Massachusetts; 57 Bedford Street, Lexington, Massachusetts; 33 Bartlett Street, Lowell, Massachusetts; and 777 North Street, Pittsfield, Massachusetts.
11. Radiation Safety Officer: Gail Magenis, M.S.

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MATERIALS LICENSE  
SUPPLEMENTARY SHEET

License number

20-28078-01

Docket or Reference number

030-30144

Amendment No. 15

(Continued)

CONDITIONS

12. Authorized Users:

Material and Uses:

Charles A. Boucher, M.D.

35.200 except generators and gas

Steven Lampert, M.D.

35.200 except generators and gas

Robert Eldridge Belliveau, M.D.

35.200 except generators and gas

Peter S. New, M.D.

35.200 except generators and gas

Mark R. Desnoyers, M.D.

35.200 except generators and gas

Kathleen I. McCullough, M.D.

35.200 except generators and gas

Richard M. Regnante, M.D.

35.200 except generators and gas

Walter F. Barnes, M.D.

35.200 except generators and gas

Anthony H. De Barros, M.D.

35.200 except generators and gas

John H. Maloney, M.D.

35.200 except generators and gas

Authur Burke, M.D.

35.200 except generators and gas

Roger W. Li, M.D.

35.200 except generators and gas

Wesley Rosario-Medina, M.D.

35.200 except generators and gas

Nicholas P. Spencer, M.D.

35.200 except generators and gas

Burt D. Pina, M.D.

35.200 except generators and gas

Daniel Kusick, M.D.

35.200 for cardiac imaging and localization only

13. In addition to the possession limits in Item 8, the licensee shall further restrict the possession of licensed material so that at no time is a quantity of radioactive material possessed in excess of a quantity which requires decommissioning funding in accordance with 10 CFR 30.35(d), 10 CFR 40.36(b) or 10 CFR 70.25(d).

MATERIALS LICENSE  
SUPPLEMENTARY SHEET

License number

20-28078-01

Docket or Reference number

030-30144

Amendment No. 15

(Continued)

CONDITIONS

14. Except as specifically provided otherwise in this license, the licensee shall conduct its program in accordance with the statements, representations, and procedures contained in the documents, including any enclosures, listed below. The Nuclear Regulatory Commission's regulations shall govern unless the statements, representations and procedures in the licensee's application and correspondence are more restrictive than the regulations.

- A. Application dated July 27, 1987
- B. Letter dated August 24, 1987
- C. Letter dated August 31, 1987
- D. Letter dated October 15, 1987
- E. Letter dated January 29, 1988
- F. Letter dated March 17, 1988
- G. Letter dated May 20, 1988
- H. Letter dated August 31, 1988
- I. Letter dated December 8, 1988
- J. Letter dated February 28, 1989
- K. Letter dated June 12, 1989
- L. Letter dated September 22, 1989
- M. Letter dated December 11, 1989
- N. Letter dated December 26, 1989
- O. Letter dated February 13, 1990
- P. Letter dated May 7, 1990
- Q. Letter dated February 19, 1991
- R. Letters dated February 20, 1991
- S. Letter dated February 25, 1991
- T. Letter dated June 12, 1991
- U. Letter dated August 8, 1991
- V. Letter dated August 20, 1991
- W. Letter dated April 28, 1992
- X. Letter dated October 6, 1992

For the U.S. Nuclear Regulatory Commission  
Original Signed By:  
Thomas K. Thompson

Date NOV 10 1992

By  
Nuclear Materials Safety Branch  
Region I  
King of Prussia, Pennsylvania 19406

NOV 10 1992

License No. 20-28078-01  
Docket No. 030-30144  
Control No. 116622

Advacare Diagnostic, Inc.  
ATTN: Timothy C. Hogan  
Area Vice President  
63 Great Road  
Maynard, Massachusetts 01754

Dear Mr. Hogan:

Please find enclosed an amendment to your NRC Material License.

Please review the enclosed document carefully and be sure that you understand all conditions. If there are any errors or questions, please notify the Region I Material Licensing Section, (215) 337-5093, so that we can provide appropriate corrections and answers.

Please be advised that you must conduct your program involving licensed radioactive materials in accordance with the conditions of your NRC license, representations made in your license application, and NRC regulations. In particular, please note the items in the enclosed, "Requirements for Materials Licensees."

Since serious consequences to employees and the public can result from failure to comply with NRC requirements, the NRC expects licensees to pay meticulous attention to detail and to achieve the high standard of compliance which the NRC expects of its licensees.

You will be periodically inspected by NRC. A fee may be charged for inspections in accordance with 10 CFR Part 170. Failure to conduct your program safely and in accordance with NRC regulations, license conditions, and representations made in your license application and supplemental correspondence with NRC will result in prompt and vigorous enforcement action against you. This could include issuance of a notice of violation, or in case of serious violations, an imposition of a civil penalty or an order suspending, modifying or revoking your license as specified in the General Policy and Procedures for NRC Enforcement Actions, 10 CFR Part 2, Appendix C.

Advacare Diagnostic, Inc.

-2-

We wish you success in operating a safe and effective licensed program.

Sincerely,

Original Signed By:  
Thomas K. Thompson

Thomas K. Thompson  
Senior Health Physicist  
Nuclear Materials Safety Branch  
Division of Radiation Safety  
and Safeguards

Enclosures:

1. Amendment No. 15
2. Requirements for Materials Licensees

*TKT*  
DRSS:RI  
Thompson/mlb

11/1/92



*AdvaCare Diagnostic*  
An Imagerix Company

MS 16

P-7



63 Great Road  
Maynard, MA 01754  
508 897 9981  
FAX 508 897 7680

October 6, 1992

20-29078-01

US Nuclear Regulatory Commission  
Region I  
475 Allendale Road  
King of Prussia, PA 19406

Attention: TK Thompson

Dear Mr. Thompson:

The amendment request submitted on April 28, 1992, requesting addition of a Pittsfield site, referenced the wrong address for that proposed site. The address listed was 725 North Street, the main address for Berkshire Medical Center, which already holds an NRC license. This request is to provide service to the affiliated medical office building, located at 777 North Street, which is not covered under the NRC license issued to Berkshire Medical Center.

Attached is a letter from the Vice President for Operations outlining the difference between the two addresses.

Please don't hesitate to contact Frank Masse at (617) 245-6600 if further information is required. We regret the delay in straightening out this address discrepancy.

Yours truly,

Timothy C. Hogan  
Area Vice President

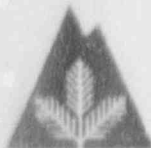
/rep

enclosure

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116622

FAX REC'D OCT 07 1992



**Berkshire  
Medical Center**  
BERKSHIRE HEALTH SYSTEMS

725 North Street  
Pittsfield, MA 01201  
(413) 447-2000

October 1, 1992

US Nuclear Regulatory Commission  
Region 1  
475 Allendale Road  
King of Prussia, PA 19496

Attn: Thomas K. Thompson

Dear Mr. Thompson:

This letter is to confirm that Berkshire Medical Center, located at 725 North St. in Pittsfield, MA is a separate entity from 777 North St. in Pittsfield, MA. The facility at 777 North St. houses physicians' private offices and is not part of the hospital.

Sincerely,

Eileen Myers  
Vice President Operations

lmh

## Telephone Conversation Record

Date: 7/14/92

Time: 1615

|  |  |                                     |
|--|--|-------------------------------------|
| Person Calling: T. K. Thompson   | Office/<br>Address RI                                | Phone<br>No. 5<br>303               |
| Person Called: F. Masse  | Office/Address<br>Advacare<br>Management<br>Services | Phone<br>No.<br>617<br>245-<br>6600 |
| Subject: April 28, 1992 Amendment request to License 20-28078-01   |  |                                     |
| Summary : Left message on F. Masse answering machine indicating that their request did not appear to meet the requirements of 10CFR35.12. Specifically this part requires only a medical institutions management may apply for a License to use byproduct material at their facility. Because it appears Berkshire Med. Ctr. is a med. institution Advacare could not apply for a license at that facility.<br><br><i>7/15/92 @ 0920<br/>F. Masse returned call<br/>&amp; acknowledged the my concern. He indicated he would send us a letter modifying his request. (His options would be abandon or find new location)</i> |  |                                     |
| Action Taken:  |  |                                     |

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1/6622



030-30144

63 Great Road  
Maynard, MA 01754  
508 897 9981  
FAX 508 897 7680

April 28, 1992

US Nuclear Regulatory Commission  
Region I  
475 Allendale Road  
King of Prussia, PA 19406

Gentlemen:

AdvaCare hereby requests amendment to license number 20-28078-01 authorizing establishment of a satellite clinical laboratory to be operated at Berkshire Medical Center, 725 North Street, Pittsfield, Massachusetts. Daniel Kusick, M.D. will oversee this program with consultation from F.X. Masse Associates, Inc.

All conditions of the original application apply at this site. The equipment used at 1101 Beacon Street will be duplicated for this site, and the room layout is enclosed. As before, stock materials and waste will be stored in a 1/16" lead lined storage enclosure for decay (10 half-lives minimum).

We also wish to add Daniel Kusick, M.D. as an authorized user to our license. Attached are training and experience sheets for Dr. Kusick.

Enclosed is a check for \$430 to cover this amendment request. Please contact Frank Masse at (617) 245-6600 if further information is required.

Regards,

*Timothy C. Hogan*

Timothy C. Hogan  
Area Vice President

TCH/mcs

|                  |                    |
|------------------|--------------------|
| Log              | _____              |
| Remitter         | _____              |
| Check No.        | 45577              |
| Amount           | 430                |
| Fee Category     | 96                 |
| Type of Fee      | one                |
| Date Check Rec'd | 5/1/92             |
| Date CC. pld     | 5/1/92             |
| By:              | <i>[Signature]</i> |

92 MAY 20 PM 11:43

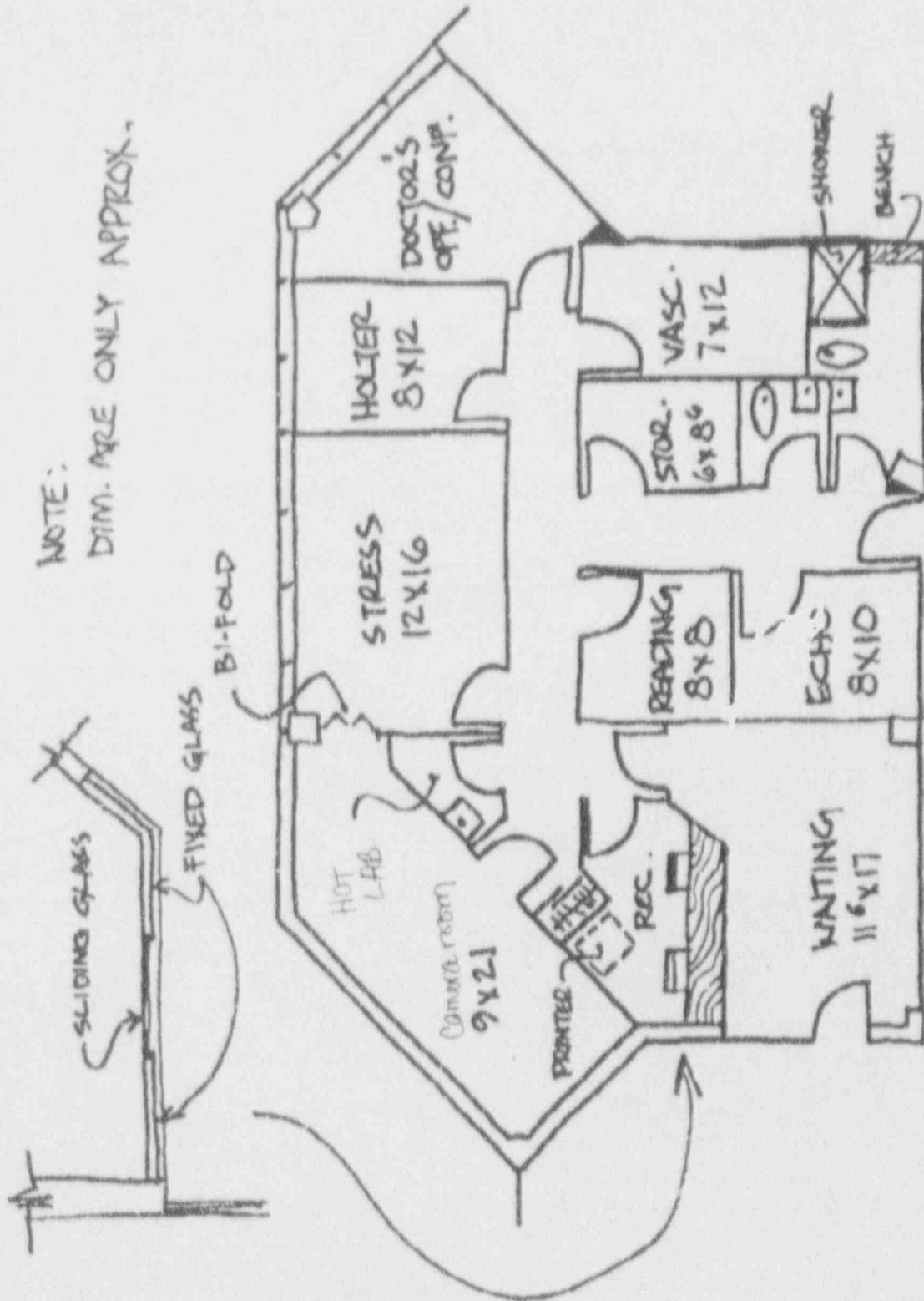
RECEIVED-REGION I

92 MAY 28 PM 11

116622

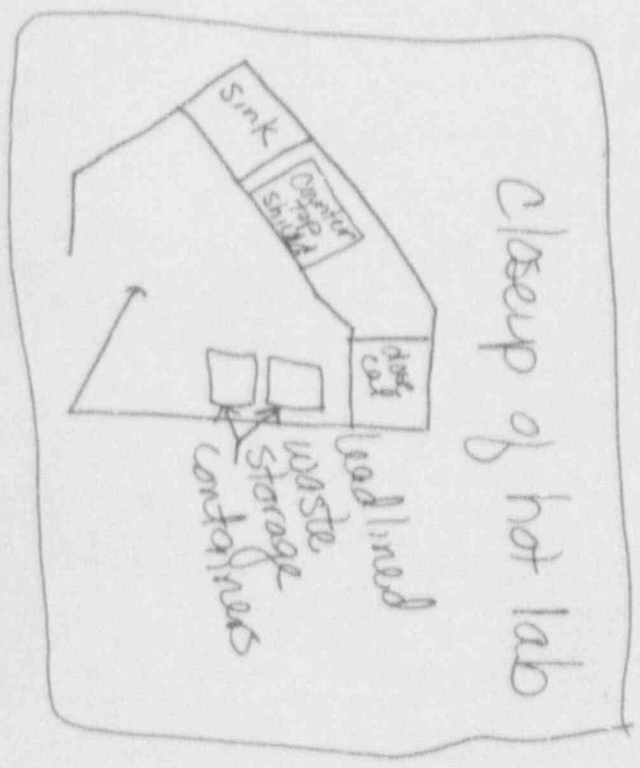
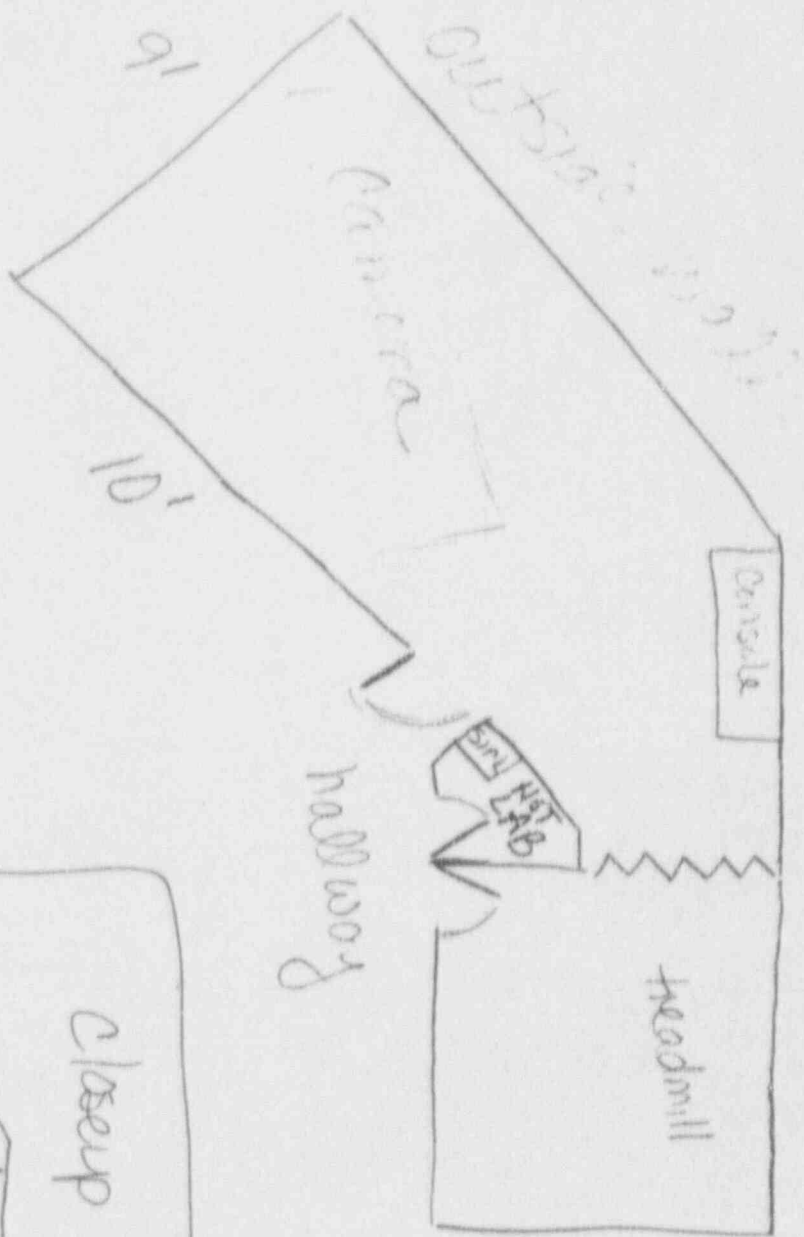
MAY 20 1992

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SCHEME NO. 4

Berkshire Medical Center  
 105 North St Pittsfield MA 01201





Berkshire  
Medical Center  
BERKSHIRE HEALTH SYSTEMS

725 North Street  
Pittsfield, MA 01201  
(413) 447-2000

January 23, 1992

Nuclear Regulatory Commission  
475 Allendale Road  
King of Prussia, PA 19406

To Whom It May Concern:

This letter is to validate that Daniel Kusick, M.D. of the Cardiology Associates of the Berkshires has admitting privileges to Berkshire Medical Center. The Emergency Department here at the hospital is available on a 24 hour basis to accept Dr. Kusick's patients for treatment and admission, if necessary.

Sincerely,

Eileen Myers,  
Hospital Administration

lmh

EXHIBIT 2  
SUPPLEMENT A

SUPPLEMENT

U.S. NUCLEAR REGULATORY COMMISSION

TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER

DANIEL KUSICK M.D.

2. FOR PHYSICIANS, STATE OR  
TERRITORY WHERE LICENSED

MAINE N.Y.

3. CERTIFICATION

SPECIALTY BOARD  
A

CATEGORY  
B

MONTH AND YEAR CERTIFIED  
C

Internal Medicine

1988

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

| FIELD OF TRAINING<br>A  | LOCATION AND DATE(S) OF TRAINING<br>B                  | TYPE AND LENGTH OF TRAINING                |  |
|---|--|--|--|
|   |  | CLOCK HOURS IN<br>LECTURE OR<br>LABORATORY | CLOCK HOURS OF<br>SUPERVISED<br>ON-THE-JOB<br>EXPERIENCE |
| a. RADIATION PHYSICS AND<br>INSTRUMENTATION                                 | Maine Medical Center<br>Portland, Maine<br>9-88 - 3-90 | 100  | 20   |
| b. RADIATION PROTECTION   | "  | 30   | 5  |
| c. MATHEMATICS PERTAINING TO<br>THE USE AND MEASUREMENT<br>OF RADIOACTIVITY | "  | 20   | 5  |
| d. RADIATION BIOLOGY  | "  | 20   | 5  |
| e. RADIOPHARMACEUTICAL<br>CHEMISTRY   | "  | 45   | 30   |

5. EXPERIENCE WITH RADIATION, (Actual use of Radioisotopes or Equivalent Experience)

| ISOTOPE         | mCi USED AT ONE TIME | LOCATION             | CLOCK HOURS | TYPE OF USE                 |
|-----------------|----------------------|----------------------|-------------|-----------------------------|
| Mo 99-<br>Tc99m | up to 2 Curies       | Maine Medical Center | 800         | Generator &<br>pre-packaged |
| Tc99m           | 20mCi                | "                    | 800         | Scanning                    |
| Tl201           | 2-3mCi               | "                    | 800         | Scanning                    |



EXHIBIT 3  
SUPPLEMENT B

| SUPPLEMENT  |   | U. S. NUCLEAR REGULATORY COMMISSION  |   |
|---|---|--|---|
| PRECEPTOR STATEMENT   |   |  |   |
| <i>Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.</i>  |   |  |   |
| <b>1. PROPOSED PHYSICIAN USER'S NAME AND ADDRESS</b><br><div style="border-bottom: 1px solid black; margin-bottom: 5px;">FULL NAME</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"><u>Daniel Kusick</u></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">STREET ADDRESS</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> <span>CITY</span> <span>STATE</span> <span>ZIP CODE</span> </div> |   | <b>KEY TO COLUMN C</b><br><b>PERSONAL PARTICIPATION SHOULD CONSIST OF:</b><br>1. Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.<br>2. Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data.<br>3. Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment. |   |
| <b>2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN</b>   |   |  |   |
| ISOTOPE<br><small>A</small>   | CONDITIONS DIAGNOSED OR TREATED<br><small>B</small> | NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION<br><small>C</small>   | COMMENTS<br><small>(Additional information or comments may be submitted in duplicate on separate sheets.)<br/>D</small> |
|   | Thyroid scan  |  |   |
|   | Thyroid uptake                                      |  |   |
|   | Lung perfusion scan                                 |  |   |
|   | Xenon ventilation study                             |  |   |
|   | Aerosol ventilation scan                            |  |   |
|   | Renal flow scan                                     |  |   |
|   | Brain scan  |  |   |
|   | Liver/spleen scan                                   |  |   |
|   | Bone scan   |  |   |
|   | Gastroesophageal study                              |  |   |
|   | LeYeen shunt study                                  |  |   |
|   | Cystogram   |  |   |
|   | Dacryocystogram                                     |  |   |
|   | Cardiac perfusion scan                              | 361  |   |
|   | Cardiac stress ventriculogram                       | 23   |   |
| Cardiac rest ventriculogram   | 715   |  |   |
| Gallium scan  |   |  |   |
|   |   |  |   |
|   |   |  |   |
|   |   |  |   |
|   |   |  |   |
|   |   |  |   |
|   |   |  |   |
|   |   |  |   |

# EXHIBIT 3 (Continued)

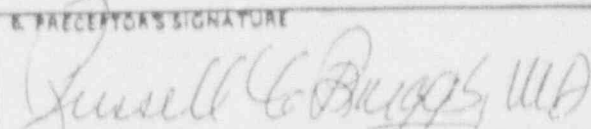
| PROPOSED PHYSICIAN USER<br><u>DANIEL KUSICK MD</u>                                    |   |  |  |
|---|---|--|--|
| PRECEPTOR STATEMENT (Continued)   |   |  |  |
| 2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)              |   |  |  |
| ISOTOPE<br>A  | CONDITIONS DIAGNOSED OR TREATED<br>B  | NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION<br>C  | COMMENTS<br>(Additional information or comments may be submitted in duplicate on separate sheets.)<br>D          |
| P-32<br>(Doublet)   | TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES   |  | Included receipt, survey and opening of radioactive packages; record keeping; and disposal of radioactive waste. |
| P-32<br>(Catheter)  | INTRACAVITARY TREATMENT   |  |  |
| I-131   | TREATMENT OF THYROID CARCINOMA  |  |  |
|   | TREATMENT OF HYPERTHYROIDISM  |  |  |
| Am-198  | INTRACAVITARY TREATMENT   |  |  |
| Co-60<br>or<br>Cs-137   | INTERSTITIAL TREATMENT  |  |  |
|   | INTRACAVITARY TREATMENT   |  |  |
| I-125<br>or<br>Ir-192<br>Co-60<br>or<br>Cs-137  | INTERSTITIAL TREATMENT  |  |  |
|   | TELETHERAPY TREATMENT   |  |  |
| Sr-90   | TREATMENT OF EYE DISEASE  |  |  |
|   | RADIOPHARMACEUTICAL PREPARATION   |  |  |
| Mo-99/<br>Tc-99m  | GENERATOR   | 5  |  |
| Sr-113/<br>In-113m  | GENERATOR   |  |  |
| Tc-99m  | REAGENT KITS  | 5  |  |
| Other   | Sealed Sources: Co-57 and Cs-137 calibration and flood sources to check camera and dose calibrator throughout training period |  |  |
| 3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING         |   |  |  |
| LOCATION<br>Maine Medical Center  |   | DATES<br>Sept., Dec. 1988<br>Mar., July, Dec. 1989<br>Mar., 1990   | CLOCK HOURS OF EXPERIENCE<br>800   |
| 4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF: |   | 5. PRECEPTOR'S SIGNATURE<br> |  |
| a. NAME OF SUPERVISOR<br><u>Russell C. Briggs, M.D.</u>                               |   | 7. PRECEPTOR'S NAME (Print type or print)<br>Russell C. Briggs, M.D.   |  |
| b. NAME OF INSTITUTION<br><u>Maine Medical Center</u>                                 |   |  |  |
| c. MAILING ADDRESS<br><u>22 Bramhall Street</u>                                       |   |  |  |
| d. CITY<br><u>Portland, Maine 04102</u>   |   | 8. DATE<br>6-13-90   |  |
| e. MATERIALS LICENSE NUMBER(S)<br><u>18-00648</u>                                     |   |  |  |

EXHIBIT 4  
RESIDENT'S SUPPORT TECHNOLOGY TRAINING TASK LOG

Name: DANIEL KUSICK, M.D.

| Task  | Date Performed | Supervising Technologist's Initials |
|---|----------------|-------------------------------------|
| 1. Hot lab.   |                |                                     |
| a. Log and monitor incoming packages.   | <u>6-5-90</u>  | <u>MSC</u>                          |
| b. Elute generator.   | <u>6-6-90</u>  | <u>MSN</u>                          |
| c. Measure and record Mo and Al concentrations in eluate.   | <u>6-6-90</u>  | <u>MSN</u>                          |
| d. Prepare each radiopharmaceutical kit used. Measure tagging efficiency.                         | <u>6-6-90</u>  | <u>MSN</u>                          |
| e. Calculate volume of radiopharmaceutical needed for prescribed dosage. Draw and measure dosage. | <u>6-6-90</u>  | <u>MSN</u>                          |
| f. Perform constancy, accuracy, linearity, and geometry tests on dose calibrator.                 | <u>6-5-90</u>  | <u>MSC</u>                          |
| g.  |                |                                     |
| h.  |                |                                     |
| 2. Camera.  |                |                                     |
| a. Center photopeak, focus lens and dot.  | <u>6-5-90</u>  | <u>MSC</u>                          |
| b. Perform and evaluate extrinsic and intrinsic field uniformity checks.                          | <u>6-5-90</u>  | <u>MSC</u>                          |
| c. Perform and evaluate spatial resolution checks.  | <u>6-6-90</u>  | <u>LU</u>                           |
| d. Check motion switches for safe operation.  | <u>6-5-90</u>  | <u>MSC</u>                          |
| e.  |                |                                     |
| f.  |                |                                     |
| 3. Processor and dark room.   |                |                                     |
| a. Operate processor.   | <u>6-5-90</u>  | <u>MSC</u>                          |
| b. Prepare fresh chemistry.   | <u>6-5-90</u>  | <u>MSC</u>                          |
| Clean transport and crossover racks.  | <u>6-5-90</u>  | <u>MSC</u>                          |
| d. Check safelight.   | <u>6-5-90</u>  | <u>MSC</u>                          |
| e.  |                |                                     |
| f.  |                |                                     |
| 4. Safety surveys.  |                |                                     |
| a. Perform dose rate survey of clinic.  | <u>6-5-90</u>  | <u>SK</u>                           |
| b. Perform removable contamination survey of clinic.  | <u>6-5-90</u>  | <u>SK</u>                           |
| c. Survey and log decayed waste.  | <u>6-5-90</u>  | <u>SK</u>                           |
| d.  |                |                                     |
| e.  |                |                                     |

Russell C. Bunge, M.D.  
Preceptor

## EXHIBIT 5

## RESIDENT'S CLINICAL PROCEDURES TRAINING LOG

Name: DANIEL KUSICK, M.D.

| Clinical Procedure            | Date Performed | Supervising Technologist's Initials |
|-------------------------------|----------------|-------------------------------------|
| Thyroid scan                  | ---            | ---                                 |
| Thyroid uptake                | ---            | ---                                 |
| Lung perfusion scan           | ---            | ---                                 |
| Xenon ventilation study       | ---            | ---                                 |
| Aerosol ventilation scan      | ---            | ---                                 |
| Renal flow scan               | ---            | ---                                 |
| Brain scan                    | ---            | ---                                 |
| Liver/spleen scan             | ---            | ---                                 |
| Bone scan                     | ---            | ---                                 |
| Gastroesophageal study        | ---            | ---                                 |
| LeVeen shunt study            | ---            | ---                                 |
| Cystogram                     | ---            | ---                                 |
| Dacryocystogram               | ---            | ---                                 |
| Cardiac perfusion scan.       | 6-5-90         | MJC                                 |
| Cardiac stress ventriculogram | 5-29-90        | LW                                  |
| Cardiac rest ventriculogram   | 6-5-90         | RLC                                 |
| Gallium scan                  | ---            | ---                                 |
| _____                         | ---            | ---                                 |
| _____                         | ---            | ---                                 |
| _____                         | ---            | ---                                 |

Russell C. Briggs  
Preceptor

116622

EXH-9

OFFICIAL RECORD COPY ML 10



BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM  
AND  
REGIONAL LICENSING SECTIONS

```

PROGRAM CODE: 02200
STATUS CODE: 0
FEE CATEGORY: 7C
EXP. DATE: 19920930
FEE COMMENTS: -----
DEC'D FIN ASSUR REQ'D: N

```

LICENSE FEE TRANSMITTAL

A. REGION *I*

1. APPLICATION ATTACHED

APPLICANT/LICENSEE: ADVACARE DIAGNOSTIC, INC.  
 RECEIVED DATE: 920520  
 DOCKET NO: 3030144  
 CONTROL NO.: 116622  
 LICENSE NO.: 20-28078-01  
 ACTION TYPE: AMENDMENT

2. FEE ATTACHED  
AMOUNT: \$ 430.00  
CHECK NO.: 405579

### 3. COMMENTS

SIGNED M. A. Perkins  
DATE 5/26/92

B. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED 14-1)

1. FEE CATEGORY AND AMOUNT: 7C \$430

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:  
AMENDMENT -----  
RENEWAL -----  
LICENSE -----

3. OTHER \_\_\_\_\_

SIGNED \_\_\_\_\_  
DATE 6/23/82