

JUN 17 1985

License No. 20-18110-01
Docket No. 030-14498
Control No. 03603

Winthrop Hospital, Inc.
ATTN: Gerard Nocton
Administrator
40 Lincoln Street
Winthrop, MA 02152

SUBJECT: LETTER RECEIVED FOR MATERIAL LICENSE AMENDMENT DATED APRIL 1, 1985 AND OUR TELEPHONE CALL FOR ADDITIONAL INFORMATION ON APRIL 30, 1985

Gentlemen:

This concerns the subject application for material license amendment and our telephone conversation in which we notified you that the letter was deficient and that the following additional information was required:

1. Confirmation that your linearity tests on the dose calibrator will be done quarterly.
2. The need for Drs. Geary and Steeves to document their personal participation in at least five procedures to elute Tc-99m (including the testing of the eluate) and five procedures to prepare radiopharmaceuticals from Group III reagent kits.

You are hereby notified that unless within thirty (30) days from the date of this notice we receive the additional information requested, we will consider that you have abandoned your application. This action is without prejudice to the resubmission of an application.

Sincerely,

Original Signed By:
John E. Glenn

John E. Glenn, Ph.D., Chief
Nuclear Materials Safety Section B
Division of Radiation Safety
and Safeguards

8508120161 850726
REG1 LIC30
20-18110-01
PDR

RI:DRSS
Varela
6/14/85

RI:DRSS
Glenn
6/14/85

ML10

OFFICIAL RECORD COPY

944 VARELA6/5/85 -
06/10/85

4/30/85

TELEPHONE OR VERBAL CONVERSATION RECORD

TIME

10:45

☒ A.M.
☐ P.M.

☐ INCOMING CALL

☒ OUTGOING CALL

☐ VISIT

PERSON CALLING

Mike Varela

OFFICE/ADDRESS

R-I

PHONE NUMBER

EXTENSION

PERSON CALLED

Philip E. Steeves, MD

OFFICE/ADDRESS

Winthrop Hospital, Inc.
40 Lincoln St.
Winthrop, MA 02152

PHONE NUMBER

EXTENSION

617-846-2600

CONVERSATION

SUBJECT

Winthrop Hospital, Inc. / Control No. 03603

SUMMARY

Your calibration freq. of semi-annual calibration of the dose calibrator is too infrequent to include the quarterly freq. for the linearity tests.

You & Dr. Geary need to re-submit your preceptor statements that demonstrate Group III experience, if you intend to be authorized for Group III materials.

Since Dr. Koch-Wesser has left your hospital, & you intend to add two new physicians, they will need to submit the NRC ~~license~~ or Agreement State license number, should they be previously authorized, or preceptor statements as outlined in Appx. A & Regulatory Guide 10.8.

Reference Control No. 03603

REFERRED TO:

ACTION REQUESTED

☐ ADVISE ME OF ACTION TAKEN.

INITIALS

DATE

ACTION TAKEN

INITIALS

DATE

"OFFICIAL RECORD COPY"

ML10

DATE

4-2-85

TELEPHONE OR VERBAL CONVERSATION RECORD

TIME

2:00

☐ A.M.
☒ P.M.

☐ INCOMING CALL

☒ OUTGOING CALL

☐ VISIT

PERSON CALLING

Sharon Johnson

OFFICE/ADDRESS

PHONE NUMBER

EXTENSION

PERSON CALLED

MR. Nocton's Sec.

OFFICE/ADDRESS

PHONE NUMBER

EXTENSION

617-846-2600

CONVERSATION

SUBJECT

SUMMARY

Hospital's name is now:
Winthrop Hospital, Inc.

SLJ

REFERRED TO:

File

☐ ADVISE ME OF
ACTION TAKEN.

ACTION REQUESTED

INITIALS

DATE

ACTION TAKEN

INITIALS

DATE

"OFFICIAL RECORD COPY"

ML10