

NRC FORM 313M (9-81) 10 CFR 35	U.S. NUCLEAR REGULATORY COMMISSION <b>APPLICATION FOR MATERIALS LICENSE – MEDICAL</b>	Approved by OMB 3150-0041 Expires 9-30-83
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**INSTRUCTIONS** – Complete Items 1 through 26 if this is an initial application or an application for renewal of a license. Use supplemental sheets where necessary. Item 26 must be completed on all applications and signed. Retain one copy. Submit original and one copy of entire application to: Director, Office of Nuclear Materials Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555. Upon approval of this application, the applicant will receive a Materials License. An NRC Materials License is issued in accordance with the general requirements contained in Title 10, Code of Federal Regulations, Part 30, and the Licensee is subject to Title 10, Code of Federal Regulations, Parts 19, 20 and 35 and the license fee provision of Title 10, Code of Federal Regulations, Part 170. The license fee category should be stated in Item 26 and the appropriate fee enclosed.

1.a. NAME AND MAILING ADDRESS OF APPLICANT (institution, firm, clinic, physician, etc.) INCLUDE ZIP CODE <b>CANFIELD RADIOLOGY ASSOCIATES</b> Canfield Office Condominium 586 Pompton Avenue Cedar Grove, NJ <b>07068</b> TELEPHONE NO.: AREA CODE (201) <b>533 5816</b>	1.b. STREET ADDRESS(ES) AT WHICH RADIOACTIVE MATERIAL WILL BE USED (If different from 1.a.) INCLUDE ZIP CODE Same as 1.a. <b>85 AUG -5 P12:06</b> <b>U.S. N.R.C.</b> <b>1-C. FEE MGMT. BRANCH</b>
2. PERSON TO CONTACT REGARDING THIS APPLICATION <b>Ira M. Garelick, M.S.</b> Consulting Physicist TELEPHONE NO.: AREA CODE (201) <b>533-5730</b>	3. THIS IS AN APPLICATION FOR: (Check appropriate item) a. <input checked="" type="checkbox"/> NEW LICENSE b. <input type="checkbox"/> AMENDMENT TO LICENSE NO. _____ c. <input type="checkbox"/> RENEWAL OF LICENSE NO. _____
4. INDIVIDUAL USERS (Name individuals who will use or directly supervise use of radioactive material. Complete Supplements A and B for each individual.) <b>Patrick J. Conte, M.D.</b> <b>Andrew J. DeRogatis, M.D.</b>	5. RADIATION SAFETY OFFICER (RSO) (Name of person designated as radiation safety officer. If other than individual user, complete resume of training and experience as in Supplement A.) <b>PATRICK J. CONTE, M.D.</b>

6.a. RADIOACTIVE MATERIAL FOR MEDICAL USE			
RADIOACTIVE MATERIAL LISTED IN:	ITEMS DESIRED "X"	MAXIMUM POSSESSION LIMITS (In millicuries)	ADDITIONAL ITEMS:
10 CFR 31.11 FOR IN VITRO STUDIES			IODINE-131 AS IODIDE FOR TREATMENT OF HYPERTHYROIDISM
10 CFR 35.100, SCHEDULE A, GROUP I		AS NEEDED	PHOSPHORUS-32 AS SOLUBLE PHOSPHATE FOR TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA AND BONE METASTASES
10 CFR 35.100, SCHEDULE A, GROUP II		AS NEEDED	PHOSPHORUS-32 AS COLLOIDAL CHROMIC PHOSPHATE FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.
10 CFR 35.100, SCHEDULE A, GROUP III			GOLD-198 AS COLLOID FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.
10 CFR 35.100, SCHEDULE A, GROUP IV		AS NEEDED	IODINE-131 AS IODIDE FOR TREATMENT OF THYROID CARCINOMA
10 CFR 35.100, SCHEDULE A, GROUP V		AS NEEDED	XENON-133 AS GAS OR GAS IN SALINE FOR BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES.
10 CFR 35.100, SCHEDULE A, GROUP VI			

6.b. RADIOACTIVE MATERIAL FOR USES NOT LISTED IN ITEM 6.a. (Sealed sources up to 3 mCi used for calibration and reference standards are authorized under Section 35.14(d), 10 CFR Part 35, and NEED NOT BE LISTED.)			
ELEMENT AND MASS NUMBER	CHEMICAL AND/OR PHYSICAL FORM	MAXIMUM NUMBER OF MILLICURIES OF EACH FORM	DESCRIBE PURPOSE OF USE
Gadolinium-153	GdO <sub>2</sub>	2 curies (2 sources not to exceed 1 Ci each)	(For use as sealed source in a bone densitometry system (Lunar DP3))

**"OFFICIAL RECORD COPY"**

*Aug - 9 - I*  
Applicant: *Patrick J. Conte*  
Check No.: *3763*  
Amount Fee Category: *8580-70*  
Type of Fee: *App*  
Date Check Recd.: *8/15/85*  
Received By: *gac/guo*

# **INFORMATION REQUIRED FOR ITEMS 7 THROUGH 23**

For items 7 through 23, check the appropriate box(es) and submit a detailed description of all the requested information. Begin each item on a separate sheet. Identify the item number and the date of the application in the lower right corner of each page. If you indicate that an appendix to the medical licensing guide will be followed, do not submit the pages, but specify the revision number and date of the referenced guide: Regulatory Guide 10.8 Rev. \_\_\_\_\_ Date: \_\_\_\_\_

<b>7. MEDICAL ISOTOPES COMMITTEE</b>		<b>15. GENERAL RULES FOR THE SAFE USE OF RADIOACTIVE MATERIAL</b> <i>(Check One)</i>	
<input type="checkbox"/> N/A	Names and Specialties Attached; and	<input checked="" type="checkbox"/> X	Appendix G Rules Followed; or
<input type="checkbox"/>	Duties as in Appendix B; or _____ <i>(Check One)</i>	<input type="checkbox"/>	Equivalent Rules Attached
<input type="checkbox"/>	Equivalent Duties Attached	<b>16. EMERGENCY PROCEDURES</b> <i>(Check One)</i>	
<b>8. TRAINING AND EXPERIENCE</b>		<input checked="" type="checkbox"/> X	Appendix H Procedures Followed; or
<input checked="" type="checkbox"/> X	Supplements A & B Attached for Each Individual User; and	<input type="checkbox"/>	Equivalent Procedures Attached
<input type="checkbox"/>	Supplement A Attached for RSO.	<b>17. AREA SURVEY PROCEDURES</b> <i>(Check One)</i>	
<b>9. INSTRUMENTATION</b> <i>(Check One)</i>		<input type="checkbox"/> N/A	Appendix I Procedures Followed; or
<input type="checkbox"/> N/A	Appendix C Form Attached; or	<input type="checkbox"/>	Equivalent Procedures Attached
<input type="checkbox"/>	List by Name and Model Number	<b>18. WASTE DISPOSAL</b> <i>(Check One)</i>	
<b>10. CALIBRATION OF INSTRUMENTS</b>		<input type="checkbox"/>	Appendix J Form Attached; or
<input checked="" type="checkbox"/> X	Appendix D Procedures Followed for Survey Instruments; or _____ <i>(Check One)</i>	<input checked="" type="checkbox"/> X	Equivalent Information Attached
<input type="checkbox"/>	Equivalent Procedures Attached; and	<b>19. THERAPEUTIC USE OF RADIOPHARMACEUTICALS</b> <i>(Check One)</i>	
<input type="checkbox"/>	Appendix D Procedures Followed for Dose Calibrator; or _____ <i>(Check One)</i>	<input type="checkbox"/> N/A	Appendix K Procedures Followed; or
<input type="checkbox"/>	Equivalent Procedures Attached	<input type="checkbox"/>	Equivalent Procedures Attached
<b>11. FACILITIES AND EQUIPMENT</b>		<b>20. THERAPEUTIC USE OF SEALED SOURCES</b>	
<input checked="" type="checkbox"/> X	Description and Diagram Attached	<input type="checkbox"/> N/A	Detailed Information Attached; and
<b>12. PERSONNEL TRAINING PROGRAM</b>		<input type="checkbox"/>	Appendix L Procedures Followed; or _____ <i>(Check One)</i>
<input checked="" type="checkbox"/> X	Description of Training Attached	<input type="checkbox"/>	Equivalent Procedures Attached
<b>13. PROCEDURES FOR ORDERING AND RECEIVING RADIOACTIVE MATERIAL</b>		<b>21. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE GASES</b> (e.g., Xenon - 133)	
<input type="checkbox"/> N/A	Detailed Information Attached	<input type="checkbox"/> N/A	Detailed Information Attached
<b>14. PROCEDURES FOR SAFELY OPENING PACKAGES CONTAINING RADIOACTIVE MATERIALS</b> <i>(Check One)</i>		<b>22. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL IN ANIMALS</b>	
<input type="checkbox"/> N/A	Appendix F Procedures Followed; or	<input type="checkbox"/> N/A	Detailed Information Attached
<input type="checkbox"/>	Equivalent Procedures Attached	<b>23. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL SPECIFIED IN ITEM 6.b</b>	
<input type="checkbox"/>		<input type="checkbox"/> N/A	Detailed Information Attached

## 24. PERSONNEL MONITORING DEVICES

TYPE <small>(Check appropriate box)</small>		SUPPLIER	EXCHANGE FREQUENCY
a. WHOLE BODY	<input type="checkbox"/> FILM	R.A. Landauer Jr. & Co.	Monthly
	<input checked="" type="checkbox"/> TLD		
	<input type="checkbox"/> OTHER (Specify)		
b. FINGER	<input type="checkbox"/> FILM		
	<input checked="" type="checkbox"/> TLD		
	<input type="checkbox"/> OTHER (Specify)		
c. WRIST	<input type="checkbox"/> FILM		
	<input type="checkbox"/> TLD		
	<input type="checkbox"/> OTHER (Specify)		

d. OTHER (Specify)

## 25. FOR PRIVATE PRACTICE APPLICANTS ONLY

a. HOSPITAL AGREEING TO ACCEPT PATIENTS CONTAINING RADIOACTIVE MATERIAL

NAME OF HOSPITAL

MAILING ADDRESS

CITY

STATE

ZIP CODE

b. ATTACH A COPY OF THE AGREEMENT LETTER SIGNED BY THE HOSPITAL ADMINISTRATOR.

c. WHEN REQUESTING THERAPY PROCEDURES, ATTACH A COPY OF RADIATION SAFETY PRECAUTIONS TO BE TAKEN AND LIST AVAILABLE RADIATION DETECTION INSTRUMENTS.

## 26. CERTIFICATE

*(This item must be completed by applicant)*

The applicant and any official executing this certificate on behalf of the applicant named in Item 1a certify that this application is prepared in conformity with Title 10, Code of Federal Regulations, Parts 30 and 35, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

a. LICENSE FEE REQUIRED  
*(See Section 170.31, 10 CFR 170)*

b. APPLICANT OR CERTIFYING OFFICIAL (Signature)

(1) NAME (Type of Print)

Patrick J. Conte, M.D.

(2) TITLE

Nuclear Medicine Physician

(1) LICENSE FEE CATEGORY:

(2) LICENSE FEE ENCLOSED: \$

c. DATE

June 27, 1985

## PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the Nuclear Regulatory Commission on NRC Form 313M. This information is maintained in a system of records designated as NRC-3 and described at 40 Federal Register 45334 (October 1, 1975).

1. **AUTHORITY** Sections 81 and 161(b) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2111 and 2201(b)).
2. **PRINCIPAL PURPOSE(S)** The information is evaluated by the NRC staff pursuant to the criteria set forth in 10 CFR Parts 30-36 to determine whether the application meets the requirements of the Atomic Energy Act of 1954, as amended, and the Commission's regulations, for the issuance of a radioactive material license or amendment thereof.
3. **ROUTINE USES** The information may be used: (a) to provide records to State health departments for their information and use; and (b) to provide information to Federal, State, and local health officials and other persons in the event of incident or exposure, for their information, investigation, and protection of the public health and safety. The information may also be disclosed to appropriate Federal, State, and local agencies in the event that the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, or local agency to the extent relevant and necessary for a NRC decision or to an appropriate Federal agency to the extent relevant and necessary for that agency's decision about you. A copy of the license issued will routinely be placed in the NRC's Public Document Room, 1717 H Street, N.W., Washington, D.C.
4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION** Disclosure of the requested information is voluntary. If the requested information is not furnished, however, the application for radioactive material license, or amendment thereof, will not be processed.
5. **SYSTEM MANAGER(S) AND ADDRESS** Director, Division of Fuel Cycle and Material Safety, Office of Nuclear Material Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555.

TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER  ANDREW J. DeROGATIS, M.D.	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE N.J. and N.Y.
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3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
AMERICAN BOARD OF DIAGNOSTIC RADIOLOGY		June, 1980
AMERICAN BOARD OF NUCLEAR MEDICINE		September, 1982

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES			
FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		LECTURE/ LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D
a. RADIATION PHYSICS AND INSTRUMENTATION	DR. DeROGATIS IS ALSO LISTED AS AN		
b. RADIATION PROTECTION	AUTHORIZED USER FOR New York State MATERIALS License #139-12 (St. Luke's-Roosevelt Hospital Ctr)		
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY			
d. RADIATION BIOLOGY			
e. RADIOPHARMACEUTICAL CHEMISTRY			

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE

TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER  Patrick J. Conte, M.D.	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE N.J. & N.Y.
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3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
AMERICAN BOARD OF RADIOLOGY AMERICAN BOARD OF NUCLEAR MEDICINE AMERICAN BOARD OF NUCLEAR RADIOLOGY		December, 1971 May, 1972 June, 1974

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES			
FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		LECTURE/ LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D
a. RADIATION PHYSICS AND INSTRUMENTATION	DR. CONTE IS ALSO LISTED AS  AN AUTHORIZED USER FOR  NRC License No. 29-01608-03  (St. Barnabas Medical Center)		
b. RADIATION PROTECTION			
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY			
d. RADIATION BIOLOGY			
e. RADIOPHARMACEUTICAL CHEMISTRY			

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE



## SUPPLEMENTARY INFORMATION

1. Item 6b  
The Gd-153 source is a Gulf Nuclear, Model GD-1. The scanner is a LUNAR Radiation Corporation model DP3 bone mineral analyzer (NRC registration number NR-430-D-101-S).
2. Item 8  
Supplement A forms attached. Both Drs. Conte and DeRogatis are certified by the American Board of Nuclear Medicine; Dr. Conte is also certified by the American Board of Nuclear Radiology. Dr. Conte is currently listed as an authorized user on an NRC license; Dr. DeRogatis is listed on a New York State Materials License.
3. Item 11  
Attached is a diagram showing the room where the scanner is located. The Gd-153 source will be in the scanner and container and contained in a lead-lined source holder. The room will be locked and secured when the scanner is not in use. Access is only through one door. The door and room shall be posted with appropriate warning signs.
4. Item 12  
All personnel shall be trained in the safe handling and operation of the bone densitometry system prior to operation. Instruction shall be at the time of initial employment and at least annually thereafter.
5. Item 16  
The name and phone numbers (day and evening) of the radiation safety officer, and an alternate, shall be posted within the room where the system is used.
6. Item 18  
No regular disposal of radioactive materials shall occur. The only material is the depleted sealed Gd-153 source which shall be returned to the manufacturer following the source exchange.

BETWEEN: William O. Miller, Chief  
License Fee Management Branch  
Office of Administration

John E. Glenn, Chief  
Nuclear Materials Section B  
Division of Engineering and  
Technical Programs

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: Canfield Radiology Associates

Application Dated: 7/3/85

Control No.: 04071

License No.: New

2. FEE ATTACHED

Amount: \$ 580.00

Check No.: 3763

3. COMMENTS

Signed Brenda Platchek

Date 7/10/85

B. LICENSE FEE MANAGEMENT BRANCH

1. Fee Category and Amount: \$580 - 7 c

2. Correct Fee Paid. Application may be processed for:

Amendment                     

Renewal                     

License ✓

Signed J Jackson

Date 8/12/85



"SECTION COPY"

PATRICK J. CONTE, M.D.  
NICOLE TA LETTY CONTE  
11 EVERGREEN PLACE  
ROSELAND, NJ 07068

3763

55-7231/2212

PAY TO THE  
ORDER OF

*July 3 1985*  
*U.S. Nuclear Regulatory Commission*  
*Five hundred eighty dollars + no cents*

DOLLARS

H<sub>C</sub>

**Hudson City Savings Bank**  
ROSELAND OFFICE 187 EAGLE ROCK AVENUE  
ROSELAND, N.J. 07068

MEMO

*NR Conto*  
*Nicoleta Letty Conte*

⑆22⑆2723⑆⑆⑆0⑆80⑆596⑆7⑆⑆3763