03032089

VOID SHEET

NRC I (97)
123842

TO: License Fee Management Branch

FROM: Region I

SUBJECT: VOIDED APPLICATION

Control Number: 123842

Applicant: Northfield Imaging Center

Date Voided: 12/11/96

Reason for Void: Licensee withdrew request for amendment at this time for License No. 29-28616-01 (030-32089). Before review.

M. A. Perkins 12/11/96
Signature Date

Attachment:
Official Record Copy of
Voided Action

FOR LFMB USE ONLY

Final Review of VOID Completed:

Refund Authorized and processed

No Refund Due

Fee Exempt or Fee Not Required

Comments: No fee submitted

030089

Log completed

Processed by: BB

OFFICIAL RECORD COPY ML 10

TELEPHONE CONVERSATON RECORD	Date:	Time:
CONTROL NO. 123842	12/11/96	2:00PM
Person Called: Beth Farrell, Cte Manager	Organization: Northfield Imaging Ctr	Telephone Number: (201) 325 8475
Person Calling: J Stambaugh		
Subject: Lic Amendment		
Summary: Licensee withdrew request for amendment at this time. They are no longer performing cardiac studies		
LICENCE NO. 29-18616-01	Docket No. 030-32089	
Action Required/Taken: No letter required		
Signature: J Stambaugh	Date: 12/11/96	

OFFICIAL RECORD COPY

ML 10

NORTHFIELD
IMAGING CENTER

772 Northfield Avenue ▪ West Orange, NJ 07052
201-325-0002 ▪ Fax 201-325-8140

- Magnetic Resonance Imaging
- Computerized Tomography
- Ultrasound
- Radiography and Fluoroscopy
- Mammography
- Nuclear Medicine

030-32089

Stanley N. Friedman, M.D.
Jack L. Baldasar, M.D.
Michael Shapiro, M.D.
Ronald C. Schliftman, M.D.
Cynthia Jonus, M.D.

October 25, 1996

Medical Licensing Assistance Section
Nuclear Regulatory Commission
475 Allendale Road
King of Prussia, PA 19406

RE: License No. 29-28616-01

Dear Sir or Madam:

We would like to add Marc Levine, M.D. to our license as an authorized user for materials identified in CFR 35. 200. Dr. Levine will be performing cardiac studies only. Enclosed is a copy of his preceptor statement which documents his training.

If you require any additional information regarding this matter, do not hesitate to contact me at 201-325-8475.

Sincerely,

Michael Teters, M.S.
Medical Physicist

123842
OCT 28 1996

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	2. FOR PHYSICIANS, STATE OR TERRITORY WHERE LICENSED
Marc Levine	NJ

3. CERTIFICATION

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
Cardiology		11/95

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING: CLOCK HOURS IN LECTURE OR LABORATORY	TYPE AND LENGTH OF TRAINING: CLOCK HOURS OF SUPERVISED ON-THE-JOB EXPERIENCE
a. RADIATION PHYSICS AND INSTRUMENTATION	North Shore U. Hospital July 94 - June 95	100	
b. RADIATION PROTECTION	"	30	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	"	30	
d. RADIATION BIOLOGY	"	10	
e. RADIOPHARMACEUTICAL CHEMISTRY	"	30	

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

ISOTOPE	mCi USED AT ONE TIME	LOCATION	CLOCK HOURS	TYPE OF USE
Tl-201	4 mCi	NSUH Cardiology Dept.	900	Clinical evaluation of coronary artery disease

EXHIBIT 3

SUPPLEMENT B

SUPPLEMENT — U. S. NUCLEAR REGULATORY COMMISSION

PRECEPTOR STATEMENT

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.

1. PROPOSED PHYSICIAN USER'S NAME AND ADDRESS

FULL NAME: Marc Levine

STREET ADDRESS: 340 E. Northfield Road

CITY: Livingston | STATE: NJ | ZIP CODE: 07039

KEY TO COLUMN C

PERSONAL PARTICIPATION SHOULD CONSIST OF:

1. Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.
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.
3. Adequate period of training to enable physician to manage radioactive patients and fellow patients through diagnosis and/or course of treatment.

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheet.) D
	Thyroid scan	X	
	Thyroid uptake	X	
	Lung perfusion scan	X	
	Xenon ventilation study	X	
	Aerosol ventilation scan	X	
	Renal flow scan	X	
	Brain scan	X	
	Liver/spleen scan	X	
	Bone scan	X	
	Gastroesophageal study	X	
	LeVeen shunt study	X	
	Cystogram	X	
	Dacryocystogram	X	
	Cardiac perfusion scan.	600	
	Cardiac stress ventriculogram	X	
	Cardiac rest ventriculogram	X	
	Gallium scan	X	

EXHIBIT 3 (Continued)

PROPOSED PHYSICIAN USER Marc Levine

PRECEPTOR STATEMENT *(Continued)*

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN *(Continued)*

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheet.) D
P-32 (Sod. Phos.)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	X	
P-32 (Colloidal)	INTRACAVITARY TREATMENT	X	
I-131	TREATMENT OF THYROID CARCINOMA	X	
	TREATMENT OF HYPERTHYROIDISM	X	
Au-198	INTRACAVITARY TREATMENT	X	
Co-60 or Cs-137	INTERSTITIAL TREATMENT	X	
	INTRACAVITARY TREATMENT	X	
I-125 or Ir-192	INTERSTITIAL TREATMENT	X	
Co-60 or Cs-137	TELETHERAPY TREATMENT	X	
Sr-90	TREATMENT OF EYE DISEASE	X	
	RADIOPHARMACEUTICAL PREPARATION	X	
Mo-99/ Tc-99m	GENERATOR	X	
Sn-113/ In-113m	GENERATOR	X	
Tc-99m	REAGENT KITS	X	
Other			

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

LOCATION	DATES	CLOCK HOURS OF EXPERIENCE
NSUH Cardiology Dept.	7/94-6/95	900

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:

a. NAME OF SUPERVISOR: Jennifer Mieres M.D.

b. NAME OF INSTITUTION: North Shore U. Hospital

c. MAILING ADDRESS: 300 Community Drive

d. CITY: Manhasset NY 11030

e. MATERIALS LICENSE NUMBER(S): NYS 1016

5. PRECEPTOR'S SIGNATURE: Jennifer Mieres - MD

7. PRECEPTOR'S NAME (Please type or print): JENNIFER MIERES - M.D.

8. DATE: 10/7/96

EXH-7

123842

NRC FORM 577 (1-95)

U.S. NUCLEAR REGULATORY COMMISSION

LICENSE FEE REQUIREMENTS

LICENSE FEE AND DEBT COLLECTION BRANCH
DIVISION OF ACCOUNTING AND FINANCE
OFFICE OF THE CONTROLLER
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001

NORTHFIELD IMAGING CENTER
ATTN: MICHAEL TETERS, M.S.
MEDICAL PHYSICIST
772 NORTHFIELD AVENUE
WEST ORANGE, NJ 07052

TYPE OF ACTION

- ☐ NEW LICENSE
- ☐ RENEWAL OF LICENSE
- ☒ AMENDMENT TO LICENSE

REQUESTED DATE: 10-25-96

LICENSE NUMBER: 29-28616-01

CONTROL NUMBER: 123842

I. APPLICATION FEE DUE

Your request for a licensing action is subject to the fee(s) in the category(ies) noted below in accordance with Section 170.31 of the enclosed Federal Register notice. Payment of the fee is required prior to the issuance of the license, renewal, or amendment.

FEE CATEGORY	APPLICATION	RENEWAL	AMENDMENT
7C	$	$	$ 440.00
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$

FEE(s) DUE	$ 440.00
PAYMENT RECEIVED	$ 0.00
AMOUNT DUE	$ 440.00

☒ Your request was received without the prescribed application fee.

☐ We received your Check No. _____ in the amount of $ _____. Payment of the additional fee noted above is required.

☐ Your request will increase the scope of your license program. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(d)(2).

☐ Your license expired prior to the receipt of your application for renewal. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(a).

MAKE PAYMENT OF THE FEE(S) TO THE U.S. NUCLEAR REGULATORY COMMISSION AND MAIL THE PAYMENT TO THE ADDRESS LISTED AT THE TOP OF THIS FORM. IF WE DO NOT RECEIVE A REPLY FROM YOU WITHIN 30 CALENDAR DAYS FROM THE DATE LISTED BELOW, WE SHALL ASSUME THAT YOU DO NOT WISH TO PURSUE YOUR APPLICATION AND WILL VOID THIS ACTION.

II. FEE NOT REQUIRED

☐ Enclosed is Check No. _____ which accompanied your request. The fee is not required because:

☐ We received your Check No. _____ in payment of the fee.

☐ The Licensing staff has informed us that your request is to be considered as a continuation of your request dated _____, Control No. _____.

☐ Your request was combined, prior to review, with your request, Control No. _____.

III. CHECK RETURNED

☐ Enclosed is Check No. _____ which was returned to us by the bank for:

- ☐ INSUFFICIENT FUNDS
- ☐ ACCOUNT CLOSED
- ☐ OTHER

MAIL THE REPLACEMENT CHECK TO THE ADDRESS LISTED AT THE TOP OF THIS FORM AND REFERENCE THE ABOVE CONTROL NUMBER.

IV. LICENSE ISSUED WITHOUT THE REQUIRED FEE

☐ License No. _____, Amendment No. _____, issued on _____ was issued without the required fee being collected. The fee required is noted in Section I of this form.

☐ The scope of your licensed program was increased. Therefore, your request is subject to the application fee(s) noted in Section 1 of this form. Refer to Section 170.31 and Footnote 1(d)(2).

☐ Because of the urgency of your request, the license was issued without remittance of the prescribed fee noted in Section 1 of this form.

SIGNATURE – LICENSE FEE ANALYST	LFDCB	LFDCB
BRENDA BROWN 301-415-6055	BB	
	12/3/96	

Distribution:
Region I LFARB R/F
Pending OC/DAF R/F
BBrown OC/DAF S/F (LF-3.2.7)

DATE: 12-3-96

NRC FORM 577 (1-95)

This form was electronically produced by Elite Federal Forms, Inc.

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM
AND
REGIONAL LICENSING SECTIONS

(FOR LFMS USE)
INFORMATION FROM LTS

PROGRAM CODE: 02201
STATUS CODE: 0
FEE CATEGORY: 7C
EXP. DATE: 20010630
FEE COMMENTS: ---
DECOM FIN ASSUR REQD: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
APPLICANT/LICENSEE: NORTHFIELD IMAGING CENTER
RECEIVED DATE: 961028
DOCKET NO: 3032089
CONTROL NO.: 123842
LICENSE NO.: 29-28616-01
ACTION TYPE: AMENDMENT

2. FEE ATTACHED
AMOUNT: ---
CHECK NO.: ---

3. COMMENTS

SIGNED B. J. Brown
DATE 10/4/96

96 OCT 21 AM 9:51

B. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED /✓/)

1. FEE CATEGORY AND AMOUNT: 7C

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

3. OTHER ---

SIGNED ---
DATE ---

I (ST)
NW2
Log
Entered
Check Rec'd
Ent. in Tracking Sys.
7C
AMD
Type of Lic.
Date Check Rec'd
Fees Complete
By

NORTHFIELD
IMAGING CENTER

772 Northfield Avenue ■ West Orange, NJ 07052