

Date:

Proposed Authorized User: Dr. Tarun R. Jindal

NRC License Number 13-06009-01

Additional information requested by Ms. Sara Forster in an email dated 6/28/2020 requesting documentation on the I-131 experience obtained by Dr. Jindal. This is in response to request to add Dr. Jindal to the NRC license for Community Health Network, License number 13-06009-01

**I-131 (less than 33 mCi) – three cases are required**

Date of administration: 8/4/2016

Activity administered: 21 mCi

License #/Facility Name where administered: 21-00215-04; University of Michigan Hospital

Name of supervising Authorized User: Dr. Ka Kit Wong

Date of administration 8/11/2016

Activity administered 18 mCi

License #/Facility Name where administered: 21-00215-04; University of Michigan Hospital

Name of supervising Authorized User: Dr. Ka Kit Wong

Date of administration: 8/18/2016

Activity administered: 20 mCi

License #/Facility Name where administered: 21-00215-04; University of Michigan Hospital

Name of supervising Authorized User: Dr. Ka Kit Wong

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**I-131 (greater than 33 mCi) – three cases are required**

Date of administration: 8/10/2016

Activity administered: 100 mCi

License #/Facility Name where administered: 21-00215-04; University of Michigan Hospital

Name of supervising Authorized User: Dr. Anca Avram

Date of administration: 8/16/2016

Activity administered: 100 mCi

License #/Facility Name where administered: 21-00215-04; University of Michigan Hospital

Name of supervising Authorized User: Dr. Anca Avram

Date of administration: 8/18/2016

Activity administered: 320 mCi

License #/Facility Name where administered: 21-00215-04; University of Michigan Hospital

Name of supervising Authorized User: Dr. Anca Avram

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I attest that Tarun R. Jindal has satisfactorily completed the required clinical case experience required for oral NaI-131 in any quantity that requires a Written Directive.

Name of Preceptor or Residency Director (Typed or Printed): Kara Udager, MD

Signature 

Phone Number 734 647-4144

Name of Facility: University of Michigan

License/Permit Number: 21-00215-04

Date 7/7/2020

**From:** [Bell, Erin](#)  
**To:** [Forster, Sara](#)  
**Subject:** [External\_Sender] RE: RE: External: Additional Information Request re Community Health Network, Inc., Lic. No. 13-06009-01, CN621164  
**Date:** Friday, July 10, 2020 10:46:12 AM  
**Attachments:** [image009.png](#)  
[Jindal NRC Documentation\\_AddlInfo.pdf](#)

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Good morning,

Attached, please find the additional information requested to add Dr. Jindal to the Community Health Network license.

Please let me know if you need additional information.

Hope you have a wonderful weekend,  
Erin

Erin Bell, MHP, DABSNM  
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