

From: [VonEhr, Jason](#)
To: [Hisel, Gregory](#)
Cc: [Lanzisera, Penny](#)
Subject: Saint Francis Hospital and Medical Center - Request for Additional Information
Date: Friday, August 27, 2021 12:17:00 PM

Licensee: Saint Francis Hospital and Medical Center
License Number: 06-00854-01
Docket Number: 030-01246
Mail Control Number: 628266

Dear Mr. Gregory S. Hisel,

This refers to your request to amend the above license to add two authorized users and an authorized medical physicist, dated April 6 and 16, 2021, and the additional information you provided on August 4, 2021, in response to the NRC's Request for Additional Information dated June 15, 2021. In order to continue our review of your request, the following additional information is needed:

1. Regarding the addition of David James Grew, M.D. as an Authorized User on the NRC license:
 - a. Please note for the request to authorize Dr. Grew for 35.400 and 35.600 HDR, the preceptor was signed by Dr. Friedman, a nuclear medicine physician, and not Dr. Du, a radiation oncology physician. Please provide AUS form (NRC Form 313a for 35.400 and 35.600 Authorized Users an updated copy can be found on the NRC's medical toolkit website at: <https://www.nrc.gov/materials/miau/med-use-toolkit.html>. Please note your original submission in April used an older version of this form) signed by Dr. Du;
 - b. Please provide a signed letter with a commitment that St. Francis Hospital and Medical Center will provide vendor training on the specific HDR device used at your facility, and training on St. Francis' HDR operating and emergency procedures prior to Dr. Grew's first independent medical use.
2. Regarding the addition of Miguel Ramirez, M.D., as an Authorized User on the NRC license, please either:
 - a. Provide documentation for casework for the parenteral administrations in accordance with Table 3.c of the AUT form (NRC Form 313a for 35.300 Authorized Users) if you wish for Dr. Ramirez to be authorized for all of 35.300; or
 - b. Confirm that you wish for Dr. Ramirez's authorization to be limited to iodine-131 only.
3. Regarding the addition of Xin Xie, Ph.D., as an Authorized Medical Physicist: We acknowledge that Dr. Daskolov has received vendor training, however additional information is required. Please either:
 - a. Provide certification that Dr. Daskolov is a vendor-approved trainer; or
 - b. Provide certification of vendor training completed by Dr. Xie; or

- c. Provide a signed letter with a commitment that St. Francis Hospital and Medical Center will provide this vendor training on the specific HDR device used at your facility prior to Dr. Xie's first independent use.

Your reply must be an originally signed and dated letter. The letter may be scanned and submitted as a pdf document attached to an email. If we do not receive a reply from you within 30 calendar days from the date of this e-mail, we will assume that you do not wish to pursue your amendment request. **Please respond by e-mail** to acknowledge that you have received the e-mail request for additional information.

Thank you for your assistance. Please contact me with any questions,

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