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WILLIAM J. FARRELL, MD, FACC
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MICHAEL V. McMAHON, P.A.-C
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MERIDEN-WALLINGFORD
CARDIOVASCULAR ASSOCIATES, LLC
1062 Barnes Road
Suite 300
Wallingford, CT 06492
January 24, 2005

USNRC Region I
475 Allendale Rd
King of Prussia PA 19406

Greetings:

Please amend out byproduct materials license number 06-30842-01 as follows:

We request use of gadolinium-153 sealed sources for attenuation correction.

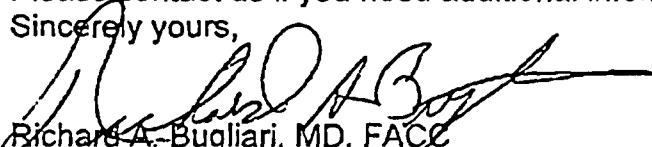
- o No single source to exceed 300mCi
- o Total possession limit of 1.0Ci
- o Source model # NES8497
- o Source Vendor: Isotope Products Laboratories

24937 Tibbitts Ave.
Valencia, CA 91355
(661) 309-1010

- o For use in Philips Medical Systems CardioMD camera Attenuation Correction Device
California Device Registration # CA0102D105S

Please contact us if you need additional information.

Sincerely yours,


Richard A. Bugliari, MD, FACC
Senior member

136342

NMSS/RGNI MATERIALS-002

This is to acknowledge the receipt of your letter/application dated

1/24/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ AMEND. 06-30842-01
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned Mail Control Number 136342.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

BETWEEN: : (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
License Fee Management Branch, ARM : Program Code: 02201
and : Status Code: 0
Regional Licensing Sections : Fee Category: 7C
: Exp. Date: 20131031
: Fee Comments: _____
: Decom Fin Assur Req'd: N
: :::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: MERIDEN-WALLINGFORD CARDIOV.ASSOC,L
Received Date: 20050124
Docket No: 3036420
Control No.: 136342
License No.: 06-30842-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed Mr. A. Perkins
Date 1/26/2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /__/)

1. Fee Category and Amount: _____

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

Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____