



Connecticut Multispecialty Group, P.C.  
*Leaders in Integrated Medical Care*

RECEIVED  
REGION 1

\*05 MAR 25 12:01

**Division of  
Endocrinology and  
Internal Medicine**

*Diabetes, Thyroid, Adrenal,  
Osteoporosis, Pituitary and  
Cholesterol Disorders*

**L. Everett Seyler, Jr., M.D.  
Robert M. Oberstein, M.D.  
Jennifer L. Patten, M.D.  
Susan M. Dunn, A.P.R.N.  
Ruth A. Ferrarotti, A.P.R.N.**

March 21, 2005

Licensing Assistance Team  
Division of Nuclear Materials Safety  
US Nuclear Regulatory Commission, Region 1  
475 Alan Dale Road  
King of Prussia, PA 19406-1415

100 Retreat Avenue, Suite 400  
Hartford, Connecticut 06106  
860 547-1278  
Fax: 860 547-1301

1260 Silas Deane Highway, Suite 106  
Wethersfield, Connecticut 06109  
860 547-1278  
Fax: 860 547-1301

18 East Granby Road  
Granby, Connecticut 06035  
860 547-1278  
Fax: 860 547-1301

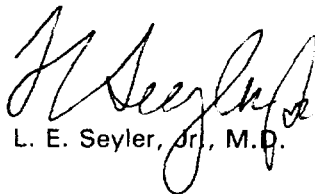
Dear Sirs:

Enclosed is an application for renewal of NRC License No. 0614854-01, expiration date 4/30/05, program code 02200. A significant change in the renewal is that the use of radioactive material is more limited than the prior license. I am no longer requesting use for thyroid imaging and localization as identified in 10 CFR 35.200 or any in vitro studies. I am requesting continued use for thyroid uptake dilution and excretion procedures as identified in 10 CFR 35.100 as well as diagnosis and treatment of hyperthyroidism as identified in 10 CFR 35.300.

All radioactive materials are obtained from Cardinal Health and a copy of their license is on file in my office. It is License No. 04-26507-01MD and it expires August 31, 2011.

Please direct any questions to me at 100 Retreat Avenue, Suite 400, Hartford, CT 06106; phone number (860) 547-1278; email address eseyler@harthosp.org.

Sincerely,

  
L. E. Seyler, Jr., M.D.

LES/jr

136719  
NMSS/RGNI MATERIALS-002

NRC FORM 313

(4-2004)

10 CFR 30, 32, 33,  
34, 35, 36, 39, and 40

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0120

EXPIRES: 10/31/2005

Estimated burden per response to comply with this mandatory collection request: 7 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F52), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to [infocollects@nrc.gov](mailto:infocollects@nrc.gov), and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

## APPLICATION FOR MATERIAL LICENSE

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

## APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY  
OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS  
U.S. NUCLEAR REGULATORY COMMISSION  
WASHINGTON, DC 20555-0001

## ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:

## IF YOU ARE LOCATED IN:

ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, MISSISSIPPI, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:

LICENSING ASSISTANCE TEAM  
DIVISION OF NUCLEAR MATERIALS SAFETY  
U.S. NUCLEAR REGULATORY COMMISSION, REGION I  
475 ALLENDALE ROAD  
KING OF PRUSSIA, PA 19406-1415

## IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:

MATERIALS LICENSING BRANCH  
U.S. NUCLEAR REGULATORY COMMISSION, REGION III  
2443 WARRENVILLE ROAD, SUITE 210  
LISLE, IL 60532-4352

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO:

NUCLEAR MATERIALS LICENSING BRANCH  
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV  
611 RYAN PLAZA DRIVE, SUITE 400  
ARLINGTON, TX 76011-4005

03008163  
X

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.

## 1. THIS IS AN APPLICATION FOR (Check appropriate item)

- ☐ A. NEW LICENSE  
☐ B. AMENDMENT TO LICENSE NUMBER \_\_\_\_\_  
☒ C. RENEWAL OF LICENSE NUMBER 06-14854-01

## 2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)

L. Everett Seyler MD  
CT Multispecialty Group- Endocrine Division  
100 Retreat Ave  
Hartford CT 06106

## 3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

Suite 400  
100 Retreat Ave  
Hartford CT 06106

## 4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

L. Everett Seyler MD

## TELEPHONE NUMBER

(560) 547-1278

SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

## 5. RADIOACTIVE MATERIAL

- a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.

## 6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.

## 7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.

## 8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.

## 9. FACILITIES AND EQUIPMENT.

## 10. RADIATION SAFETY PROGRAM.

## 11. WASTE MANAGEMENT.

## 12. LICENSE FEES (See 10 CFR 170 and Section 170.31)

FEE CATEGORY 170.31.7.C AMOUNT ENCLOSED \$ 0.00

## 13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

## CERTIFYING OFFICER -- TYPED/PRINTED NAME AND TITLE

L. Everett Seyler MD

## SIGNATURE

## DATE

3-21-05

## FOR NRC USE ONLY

| TYPE OF FEE | FEE LOG | FEE CATEGORY | AMOUNT RECEIVED | CHECK NUMBER | COMMENTS |
|-------------|---------|--------------|-----------------|--------------|----------|
|             |         |              | \$              |              |          |
| APPROVED BY |         |              |                 | DATE         |          |

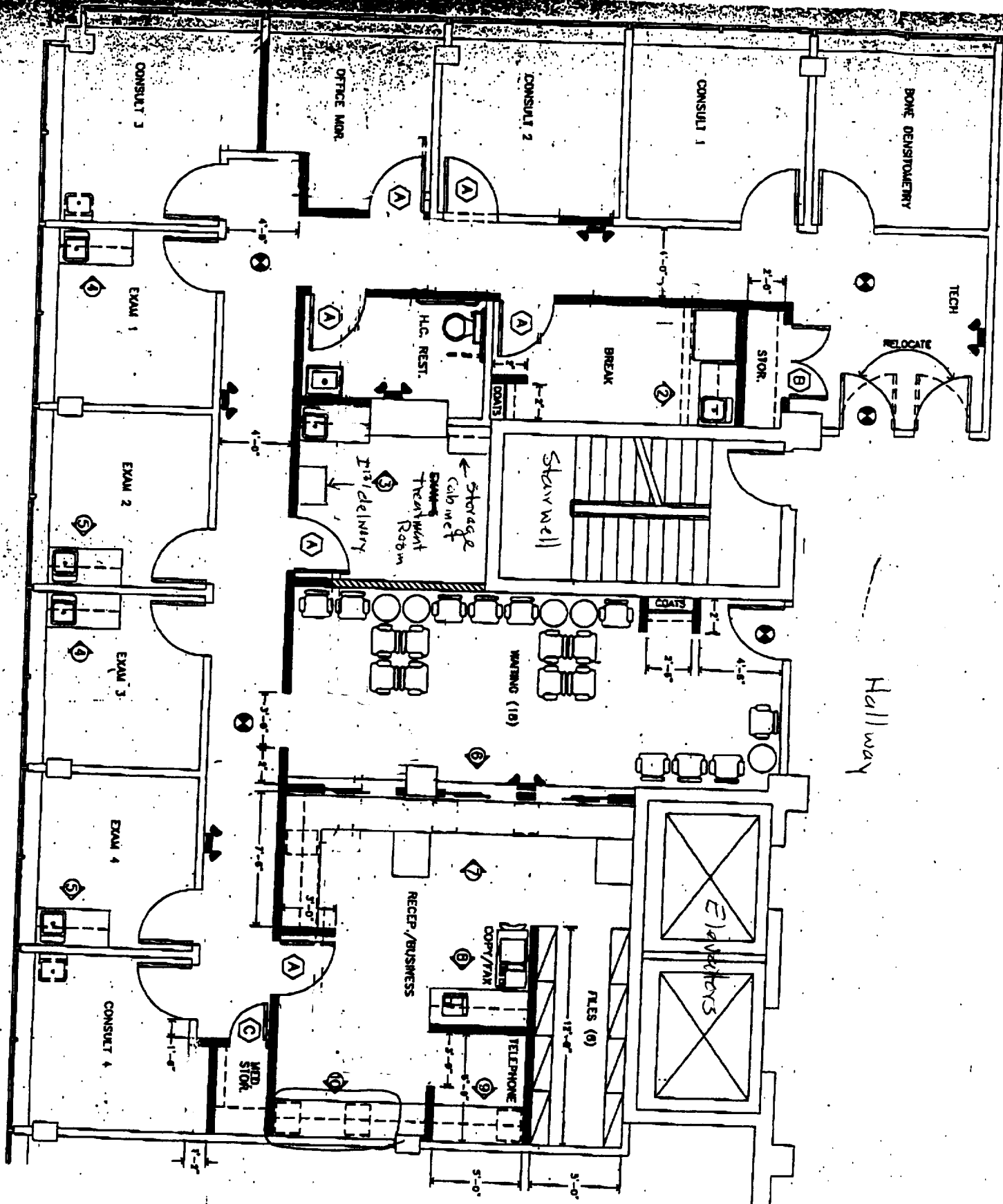
5. Radioactive Material.

|    | Byproduct Material                    | Chemical/Physical Form | Maximum Amount                              |
|----|---------------------------------------|------------------------|---|
| A. | Iodine 131 permitted by 10 CFR 35.100 | Any                    | As needed                                   |
| B. | Iodine 131 permitted by 10 CFR 35.300 | Any                    | 300 mCi, not to exceed 35 mCi per container |

6. Purposes for which licensed materials will be used. A) Any thyroid uptake dilution and excretion procedure approved in 10 CFR 35.100; B) Diagnosis and treatment of hyperthyroidism.
7. Individuals responsible for radiation safety program and their training experience. L. Everett Seyler, Jr., M.D., R.S.O. No authority is delegated. The previous license number is 06-14854-01, expiring April 30, 2005.
8. Training for individuals working in or frequenting restricted areas. The restricted areas are limited to the locked storage spaces for the sealed source CS137 and for I-131 doses delivered in sealed containers. Unauthorized personnel are instructed to not handle or open materials in these restricted areas. Only the Radiation Safety Officer is allowed to handle the radioactive materials. No radioactive waste is ever placed in trash containers handled by cleaning personnel. All potentially radioactive materials are returned to the authorized supplier of I-131, Cardinal Health. To further their education, two other physicians in the practice observe the dosing of patients. These two individuals are trained in the appropriate portions of NUREG 1556, Volume 9, Appendix J. They wear dosimeter badges and rings and dosimetry records are kept and reviewed with them at annual reviews of radiation safety procedures.
9. Facilities and equipment. See the diagram of the Suite 400 at 100 Retreat Avenue in Hartford, Connecticut and a room labeled treatment room. This treatment room is used only for patient encounters involving the use of radioactive by-products and it contains a locked cabinet for the sealed CS137 source and a counter where the sealed I-131 doses are delivered and picked up by Cardinal Health. Once a dose of I-131 is administered, all the residual material is stored for return to the supplier in his original container and does not leave the treatment room until Cardinal Health personnel remove it from the suite. The survey meter used is a Radiation Alert Monitor 4, Serial No. 75910. Its range is 0.02 millirems per hour to 50 millirems per hour. The dose calibrator is Made by Squibb, model CRC17, Serial No. 17063 with a range of 0.1 microcures to 2000 microcures. The survey meter is calibrated annually and the dose calibrator is tested for linearity with technetium 99 on a quarterly basis over a range of 35 millicuries to undetectable. We do not order or administer I-131 when the survey meter is sent out for calibration.
10. Radiation Safety Program. The key element in this radiation safety program is that all I-131 administration and handling is done by or under the direct supervision of the R.S.O. Appropriate sections of NUREG 1556, Volume 9 will be observed in this radiation program including: Appendix J - Model Training Program; Appendix K - Radiation Monitoring Instrument Specifications and Model Survey Instrument Calibration Program; Appendix L - Model Medical License Audit; Appendix M - Model Procedure for an Occupational Dose Program; Appendix N - Model Emergency Procedures; Appendix O - Model Procedures for Ordering and Receiving Packages; Appendix P - Model Procedure for Safely Opening Packages Containing Radioactive Material; Appendix Q - Model Leak Test Program; Appendix R - Model Procedure for Area Surveys; Appendix S - Model Procedure for Developing, Maintaining and Implementing Written Directives; Appendix T - Model Procedures for Safe Use of Unsealed Licensed Material; and Appendix U - Model Procedure for Release of Patients or Human Research Subjects Administered Radioactive Substances.

Samples of the following forms used in the radiation safety program are enclosed: 1) Receipt of Radioactive Material Record; 2) Receipt and Use for I-131 as Sodium Iodine in Unit Doses; 3) Radioactive (I-131) Administration Order and Patient Dose Record; 4) Record of Treatment Given to Patient and Guidelines for Safety for the Next 48 Hours (given to patient); 5) Area Survey Record; 6) Schedule by Month of the Yearly and Quarterly Procedures Performed by the Radiation Safety Officer.

11. Waste Management. All radioactive materials are returned to the licensed supplier of I-131. No radioactivity is discarded in office waste.



Hallway

1

# CONSTRUCTION PLAN

Suite 400 100 Retreat Ave, Hartford, CT 06106



**CONNECTICUT MULTISPECIALTY GROUP: DIVISION OF ENDOCRINOLOGY**  
**Nuclear Endocrine Service**  
**Receipt & Use for I-131 as Sodium Iodide in Unit Dosages**

[illegible]

3.

### **RADIOIODINE (I-131) ADMINISTRATION ORDER**

**Doctor:** Please administer \_\_\_\_\_ mCi of Sodium Iodide (I-131) orally to patient \_\_\_\_\_ on \_\_\_\_\_ @ \_\_\_\_\_ AM/PM  
*This order supersedes any previous orders on this patient.*

Signed: \_\_\_\_\_, MD, on \_\_\_\_/\_\_\_\_/\_\_\_\_  
(L E Seyler, MD)

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### **PATIENT DOSE RECORD**

Patient: \_\_\_\_\_, Age: \_\_\_\_\_, Sex: \_\_\_\_\_

Ref MD: \_\_\_\_\_ Nuc. Med. Auth. User. L E Seyler, MD

- A. Patient info provided was \_\_\_ verbal, or \_\_\_ verbal & written (if >7mCi).
- B. If female younger than 50yrs: LMP on \_\_\_\_/\_\_\_\_/\_\_\_\_,  
Nursing? \_\_\_Y\_\_\_N  
Preg Test? \_\_\_Y\_\_\_N, Pregnant? \_\_\_Y\_\_\_N  
If breast feeding, was the patient provided with written  
instructions/precautions so as to discontinue breast feeding the infant(s)?  
\_\_\_Y\_\_\_N or N/A \_\_\_\_\_
- C. Dr. Seyler checked and signed a request for \_\_\_\_\_ mCi of \_\_\_\_\_?  
\_\_\_Y\_\_\_N  
Dose assays \_\_\_\_\_ mCi of NaI-131 @ \_\_\_\_:\_\_\_\_ AM-PM: Initials \_\_\_\_\_  
Request slip & assay agree within +/- 10%? \_\_\_Y\_\_\_N  
If not, you must obtain a written revision to the prescription dated and signed by  
Dr. Seyler prior to the administration of the dose.
- D. ID the patient by verbal and: \_\_\_\_\_ DOB, \_\_\_\_\_ SSN, \_\_\_\_\_ Other \_\_\_\_\_  
Two methods used? \_\_\_Y\_\_\_N
- E. Dose administered orally @ \_\_\_\_:\_\_\_\_ AM/PM Initials \_\_\_\_\_
- F. This record made by (sign) \_\_\_\_\_, on \_\_\_\_/\_\_\_\_/\_\_\_\_

**Comments**





Connecticut Multispecialty Group, P.C.

Leaders in Integrated Medical Care

4.

Patient Name: \_\_\_\_\_

On \_\_\_\_\_ you received \_\_\_\_\_ millicuries of I-131 for treatment of your thyroid condition. For the next 48 hours you will have some residual radioactivity. The following guidelines are provided for your use:

1. Avoid close contact with other persons, particularly pregnant women and young children. Limit contact to no more than 6hrs within three feet of any one individual.
2. Flush the toilet twice when urinating since the isotope not taken up by the thyroid is excreted into the urine.
3. Sleep alone tonight.
4. Avoid intimate kissing or sexual intercourse.
5. Do not share dishes, eating utensils, or food with others. Regular dishes, glasses, and utensils can be used and washed in a standard matter.
6. Inform your doctor if you have any urinary incontinence or if you expect to have your menstrual cycle.
7. Call promptly if you have any questions at the phone number on this letter.
8. Pregnancy must be avoided for the next six months
9. Keep this letter and bring it with you for any travel within the next three months through airports or across international borders.
10. Continue treatment with the following medications:

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11. After two days (48 hours) resume treatment with the following medications:

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12. Blood Test in \_\_\_\_\_ Weeks

13. Appointment in \_\_\_\_\_ Weeks

L. E. Seyler, Jr, M.D.  
Robert M. Oberstein, M.D.  
Jennifer M. Patten, M. D.

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*Diabetes, Thyroid, Adrenal,  
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**CT MULTISPECIALTY GROUP - Endocrine**Nuclear Endocrine Q. A. Schedule

|   |  |   |
|---|--|---|
| JAN <u>Dose calibrator Linearity *</u><br><u>Radiation Safety Audit</u><br><u>Sealed sources Inventory *</u><br>_____<br>_____<br>_____   | MAY _____<br>_____<br>_____<br>_____<br>_____<br>_____   | SEP _____<br>_____<br>_____<br>_____<br>_____<br>_____  |
| FEB <u>Annual Qual Mng Prgm Audit</u><br><u>Annual Rad Saf Prgm Audit</u><br>_____<br>_____<br>_____<br>_____   | JUN _____<br>_____<br>_____<br>_____<br>_____<br>_____   | OCT <u>Dose calibrator Accuracy *</u><br><u>Dose calibrator Linearity *</u><br><u>Radiation Safety Audit</u><br><u>Sealed sources Inventory *</u><br><u>Sealed sources Leakage *</u><br>_____ |
| MAR _____<br>_____<br>_____<br>_____<br>_____<br>_____  | JUL <u>Dose calibrator Linearity *</u><br><u>Radiation Safety Audit</u><br><u>Sealed sources Inventory *</u><br>_____<br>_____<br>_____<br>_____ | NOV _____<br>_____<br>_____<br>_____<br>_____<br>_____  |
| APR <u>Dose calibrator Linearity *</u><br><u>Radiation Safety Audit</u><br><u>Sealed sources Inventory *</u><br><u>Sealed sources Leakage *</u><br><u>Calibrate Survey Meter</u><br>_____ | AUG _____<br>_____<br>_____<br>_____<br>_____<br>_____   | DEC _____<br>_____<br>_____<br>_____<br>_____<br>_____  |

\* Indicates that the RSO must sign these records. Every month the RSO must review and sign the Area Survey and Removable Contamination record.

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

3/21/2005, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Renew 06-14854-01  
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 136719.  
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: 02200  
and : Status Code: 2  
Regional Licensing Sections : Fee Category: 7C  
: Exp. Date: 20050430  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Req'd: N  
: .....

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: SEYLER, L. EVERETT, M.D.  
Received Date: 20050325  
Docket No: 3008163  
Control No.: 136719  
License No.: 06-14854-01  
Action Type: Renewal

2. FEE ATTACHED

Amount:         
Check No.:       

3. COMMENTS

Signed Rebecca J. J. J.  
Date 4/6/2005

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 \_\_\_\_\_