

# CENTRALBUCKS SPECIALISTS Ltd.

Cardiology & Gastroenterology

**Main Office**  
599 West Street  
Suite 200  
Doyletstown, PA 18901  
phone: 215.345.6050  
fax: 215.345.6568

**The Health and Wellness Center**  
847 Easton Road, Suite 2800  
Warrington, PA 18976  
phone: 215.918.5750  
fax: 215.918.5752

**Logan Square - New Hope**  
Logan Square Center  
Route 202 - Unit 9  
New Hope, PA 18938  
phone: 215.345.6050  
fax: 215.345.6568

**Cardiology**  
Joseph F.X. McGarvey, Sr., MD, FACC, FACP  
David Lawrence Smith, MD, FACC  
Joseph F.X. McGarvey, Jr., MD, FACC  
James C. Guarino, MD, FACC  
David G. Boland, MD, FACC  
Robert M. Sangrigoli, MD, FACC  
Renee A. Sangrigoli, MD, FACC  
Kimberly A. Urban, MD  
Rajnish Saini, MD

**Gastroenterology**  
Robert H. Hata, MD  
Timothy Orphanides, MD  
Joseph J. Minissale, Jr., DO  
Louis F. Morsbach, Jr., MD  
Alan Chang, MD

www.centralbucksspecialists.com

May 5, 2005

Mr. Tom Thompson  
Nuclear Regulatory Commission  
Mail Control 136412

VIA FAX: 610-337-5269

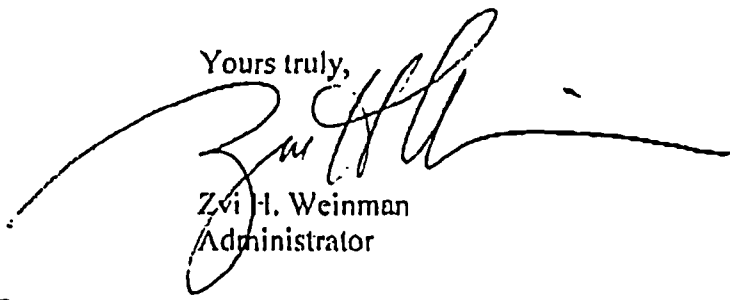
Dear Tom:

03036844

Please amend our nuclear license (#37-31007-01) to add the following physicians as authorized users: Renee Sangrigoli, MD and Rajnish Saini, MD. The needed documentation has already been faxed to you.

Thanks.

Yours truly,



Zvi H. Weinman  
Administrator

Cc: J. Guarino, MD  
M. Nunno

Ref. 136412

137001  
NMSS/RGNI MATERIALS-002

**PLEASE GIVE TO TOM THOMPSON!!!**

**8 PAGES FOLLOW**

**Tom: From Central Bucks Specialists – New License Application**

*37-31007-01*

NRC FORM 313A (10-2002)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2003

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT

PART I - TRAINING AND EXPERIENCE

Note: Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

Renee Sangrigoli MD, Authorized User: 35,400 - <sup>Cardiovascular</sup> Clinical Procedures  
Training: 10 CFR 35.50

2. For Physicians, Podiatrists, Dentists, Pharmacists - State or Territory Where Licensed

Pennsylvania

3. CERTIFICATION

Specialty Board	Category	Month and Year Certified
Internal Medicine	ABIM	8-1996
Cardiology	ABIM	11-2000

Stop here when using Board Certification to meet 10 CFR Part 35 training and experience requirements.

4. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	Temple University School of Medicine	70	3/5/99
Radiation Protection	Same	65	5/28/99
Mathematics Pertaining to the Use and Measurement of Radioactivity	Same	15	200 hours
Radiation Biology	Same	30	Dr. Siegel Course
Chemistry of Byproduct Material for Medical Use	Same	20	Dr. Siegel
OTHER			

NRC FORM 313A  
(10-2002)

U.S. NUCLEAR REGULATORY COMMISSION

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

5a. WORK EXPERIENCE WITH RADIATION

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
Work experience	Christofer		
in Nuclear Lab	L Hansen, MD		> 1000hrs
at Temple University		7/96 -	
Hospital		6/99	

5b. SUPERVISED CLINICAL CASE EXPERIENCE

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
Tl-201	Myocardial Perf	1000	C Hansen	3700697	
Tc-99m	"	1000	C Hansen	"	7/1/96
Tc-99m	Blood pool	50	"	"	+
	Imaging			"	6/30/96
Id-153	Aberrant	50	C Hansen	"	
Co-57	Flood		"	"	

NRC FORM 313A  
(10-2002)

U.S. NUCLEAR REGULATORY COMMISSION

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

6. FORMAL TRAINING (applies to Medical Physicists and Therapy Physicists)

Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.400)
N.A.			

7. RADIATION SAFETY OFFICER -- ONE-YEAR FULL-TIME WORK EXPERIENCE

YES Completed 1-year of full-time radiation safety experience (in areas identified in Item 5a) under supervision of \_\_\_\_\_ the RSO for License No. \_\_\_\_\_

N/A of N.A.

8. MEDICAL PHYSICIST -- ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

YES Completed 1-year of full-time training in therapeutic radiological physics under the supervision of \_\_\_\_\_ who meets requirements for Authorized Medical Physicists; and

N/A N.A.

YES Completed 1-year of full-time work experience (for areas identified in Item 5a) for \_\_\_\_\_ modality(ies) under the supervision of \_\_\_\_\_ who meets requirements of Authorized Medical Physicists for \_\_\_\_\_ modality(ies).

N/A

9. SUPERVISING INDIVIDUAL -- IDENTIFICATION AND QUALIFICATIONS

The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 10 CFR 35, provide the following information for each):

A. Name of Supervisor

B. Supervisor is:

Christopher Uttinger

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 10 CFR 35.250

for medical uses in Part 35, Section(s) 10 CFR 35.200

D. Address

Temple Univ Hosp  
3401 N Broad St  
Phila PA 19104

E. Materials License Number

#37-0069

NRC FORM 313A  
(10-2002)

U.S. NUCLEAR REGULATORY COMMISSION

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

PART II - PRECEPTOR STATEMENT

Note: This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. This part is not required to meet the training requirements in 10 CFR 35.590.

Item 10 must be completed for Nuclear Pharmacists meeting the requirements of 10 CFR Part 35, Subpart J. Preceptors do not have to complete items 11a, 11b, or the certifying statements for other individuals meeting the requirements of 10 CFR Part 35, Subpart J.

YES 10. The individual named in item 1 has satisfactorily completed the training requirements in  
 N/A 10 CFR 35.980 and is competent to independently operate a nuclear pharmacy.

YES 11a. The individual named in item 1 has satisfactorily completed the requirements in Part 35, Section(s)  
 N/A and Paragraph(s) Subpart J

YES 11b. The individual named in item 1. is competent to independently function as an authorized  
 N/A user for 35200 uses (or units).  
cardiovascular clinical procedures.

12. PRECEPTOR APPROVAL AND CERTIFICATION

I certify the approval of item 10 and certify I am an Authorized Nuclear Pharmacist;

or

I certify the approval of items 11a and 11b, and certify I am an Authorized Nuclear Pharmacist;

or

I certify the approval of items 11a and 11b, and I certify that I meet the requirements of 10 CFR 35  
or equivalent Agreement State requirements to be a preceptor authorized user Subpart J  
for the following uses (or units) of byproduct material: 10 CFR 35.200

cardiovascular clinical procedures

A. Address

The Health & Wellness Center  
847 Easton Road  
Warrington, PA 18976

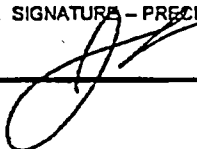
B. Material's License Number

37-3063401

C. NAME OF PRECEPTOR (print clearly)

James C. Gurrino, M.D.

D. SIGNATURE - PRECEPTOR



E. DATE

5/2/05

NRC FORM 313A (10-2002)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2005
TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT		

**PART I - TRAINING AND EXPERIENCE**

**Note:** Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

*Rajnish Saini, M.D.*     
 *Authorized User: 35,200 - Cardiovascular Clinical Procedures*  
*Training: 10 CFR 35.920*

2. For Physicians, Podiatrists, Dentists, Pharmacists - State or Territory Where Licensed

*Pennsylvania*

**3. CERTIFICATION**

Specialty Board	Category	Month and Year Certified
<i>ABIM</i>	<i>Internal Medicine</i>	<i>10/02</i>
<i>ABIM</i>	<i>Cardiovascular Disease</i>	<i>11/04</i>

*Stop here when using Board Certification to meet 10 CFR Part 35 training and experience requirements.*

**4. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)**

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	<i>Institute for Nuclear Medical Education, Denver, CO</i>	<i>75</i>	<i>10/03</i>
Radiation Protection	<i>Same</i>	<i>70</i>	<i>10/03</i>
Mathematics Pertaining to the Use and Measurement of Radioactivity	<i>Same</i>	<i>10</i>	<i>10/03</i>
Radiation Biology	<i>Same</i>	<i>25</i>	<i>3/04</i>
Chemistry of Byproduct Material for Medical Use	<i>Same</i>	<i>20</i>	<i>0/04</i>
OTHER			

**5a. WORK EXPERIENCE WITH RADIATION**

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
Clinical Experience, Radiation Safety, QA procedures	Allan Goldman, M.D.	91-2907-01	7/000 hr
-Elmhurst Hospital Center			7/01- 6/30/04
Elmhurst, NY			

**5b. SUPERVISED CLINICAL CASE EXPERIENCE**

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
Tl-201	Stress Imaging + Perfusion	321	Allan Goldman	Elmhurst	7/01-
Tl-201	Rest Imaging + Perfusion	321	M.D.	Hospital etc.	6/30/04
R-99m	Myocardial Stress	7		91-2907-01	approx. 555 hr
Tc-99m	Myocardial Rest	7			
R-99m	Ejection Fraction	29			
R-99m	Wall Motion	29			



**6. FORMAL TRAINING (applies to Medical Physicists and Therapy Physicists)**

Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.480)
N.A.			

**7. RADIATION SAFETY OFFICER - ONE-YEAR FULL-TIME WORK EXPERIENCE**

YES Completed 1-year of full-time radiation safety experience (in areas identified in Item 5a) under supervision  
 N/A of N.A. the RSO for License No. \_\_\_\_\_

**8. MEDICAL PHYSICIST - ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE**

YES Completed 1-year of full-time training in therapeutic radiological physics under the supervision of  
 N/A N.A. who meets requirements for Authorized Medical Physicists; and

YES Completed 1-year of full-time work experience (for areas identified in Item 6e) for \_\_\_\_\_  
 N/A modality(ies) under the supervision of \_\_\_\_\_ who meets requirements of Authorized Medical Physicists for \_\_\_\_\_ modality(ies).

**9. SUPERVISING INDIVIDUAL - IDENTIFICATION AND QUALIFICATIONS**

The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 10 CFR 35, provide the following information for each):

A. Name of Supervisor: Allan Goldman MD.  
 B. Supervisor is:  
 Authorized User       Authorized Medical Physicist  
 Radiation Safety Officer       Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) Subpart J.  
 for medical uses in Part 35, Section(s) 35.200.

D. Address  
Elmhurst Hospital Center  
79-01 Broadway  
Elmhurst, NY 11373

E. Materials License Number  
91-2907-01

NRC FORM 313A  
(10-2002)

U.S. NUCLEAR REGULATORY COMMISSION

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

PART II -- PRECEPTOR STATEMENT

Note: This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. This part is not required to meet the training requirements in 10 CFR 35.590.

Item 10 must be completed for Nuclear Pharmacists meeting the requirements of 10 CFR Part 35, Subpart J. Preceptors do not have to complete items 11a, 11b, or the certifying statements for other individuals meeting the requirements of 10 CFR Part 35, Subpart J.

YES 10. The individual named in item 1 has satisfactorily completed the training requirements in  
 N/A 10 CFR 35.980 and is competent to independently operate a nuclear pharmacy.

YES 11a. The individual named in Item 1 has satisfactorily completed the requirements in Part 35, Section(s)  
 N/A and Paragraph(s) Subpart J.

YES 11b. The individual named in Item 1. is competent to independently function as an authorized  
 N/A user for 35200 uses (or units).

cardiovascular clinical procedures.

12. PRECEPTOR APPROVAL AND CERTIFICATION

I certify the approval of item 10 and certify I am an Authorized Nuclear Pharmacist;

OR

I certify the approval of items 11a and 11b, and certify I am an Authorized Nuclear Pharmacist;

OR

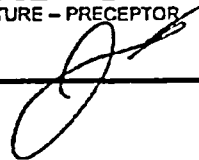
I certify the approval of Items 11a and 11b, and I certify that I meet the requirements of 10 CFR 35  
or equivalent Agreement State requirements to be a preceptor authorized user Subpart J

for the following uses (or units) of byproduct material: 10 CFR 35 200  
cardiovascular clinical procedures

A. Address  
The Health & Wellness Center  
847 Easton Road  
Washington, PA 18976

B. Materials License Number  
37-30634-01

C. NAME OF PRECEPTOR (print clearly)  
James C. Cravino, M.D.

D. SIGNATURE - PRECEPTOR  


E. DATE  
5/2/05

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

5/5/2005, and to inform you that the initial processing which includes an administrative review has been performed.

37-31007-01 Amendment  
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 137001.  
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:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: (FOR LFMS USE)  
: INFORMATION FROM LTS  
: -----  
:  
: Program Code: 02201  
: Status Code: 0  
: Fee Category: \_\_\_\_\_  
: Exp. Date: 20150531  
: Fee Comments: \_\_\_\_\_  
: Decom Fin Assur Req: N  
: .....

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: CENTRAL BUCKS SPECIALISTS, LTD  
Received Date: 20050505  
Docket No: 3036844  
Control No.: 137001  
License No.: 37-31007-01  
Action Type: Amendment

2. FEE ATTACHED

Amount:       /        
Check No.:       /      

3. COMMENTS

Signed Rebecca Jurok  
Date 5/12/2005

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 \_\_\_\_\_