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REGION I

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LARCHMONT IMAGING ASSOCIATES  
LARCHMONT MEDICAL CENTERS  
204-210 Ark Road  
Mt.Laurel, N.J. 08054  
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*NMSB1*

U.S. NUCLEAR REGULATORY COMMISSION  
REGION I  
475 ALLENDALE ROAD  
KING OF PRUSSIA, PA

Attention: Materials' License Reviewers

September 8, 2005

re: **MATERIALS LICENSE 29-23540-01**

*03028772*

Dear Madam or Sir:

I. We would like to adjust our radioactive materials license so as to add as authorized materials' users the following radiologists:

Michael C. Brodsky, M.D.

and

Sameet K. Rao, M.D.

for materials listed in 10 CFR 35.100, 35.200, and 35.300. A copy of their American Board of Radiology certification along with copies for each of NRC forms 313M supplement A and B detailing their didactic training and supervised usage experience with radioisotopes is enclosed.

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If there are any questions or additional material that you require for these physicians, please contact our physics consultant Dr. Paula Visconti at 609-261-7074 at your convenience or by e-mail at [pvisconti@virtua.org](mailto:pvisconti@virtua.org) .

*137678*

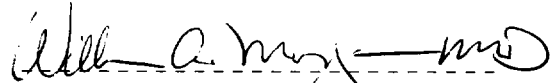
NRC REGION I MATERIALS-002

II. We would also like to have included on our materials license a more complete address for our facility, namely:

LARCHMONT IMAGING ASSOCIATES  
LARCHMONT MEDICAL CENTERS  
204-210 Ark Road  
Mt.Laurel, N.J. 08054

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Very respectfully,



William Morgan, M.D.  
Radiation Safety Officer  
Chief of Nuclear Medicine

# The American Board of Radiology

*Organized through the cooperation of the  
American College of Radiology, the American Roentgen Ray Society,  
the American Radium Society, the Radiological Society of North America,  
the Section on Radiology of the American Medical Association,  
the American Society for Therapeutic Radiology and Oncology, the Association of  
University Radiologists, and American Association of Physicians in Medicine*  
Hereby certifies that

**Michael Cory Brodsky, MD**

*Has pursued an accepted course of graduate study  
and clinical work, has met certain standards and qualifications and  
has passed the examinations conducted under the authority of  
The American Board of Radiology*

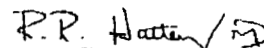
*On this ninth day of June, 2004*

*Thereby demonstrating to the satisfaction of the Board  
that he is qualified to practice the specialty of*

**Diagnostic Radiology**

  
President

  
Secretary-Treasurer

  
Executive Director

Certificate No. 50138

Valid through 2014

TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

MICHAEL CORY BRODSKY

2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE

NJ, PA, NC

3. CERTIFICATION

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
DIAGNOSTIC RADIOLOGY		06/2004

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		LECTURE/ LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D
a. RADIATION PHYSICS AND INSTRUMENTATION	Duke University Medical Center Durham, NC July 2000 - June 2004	80	20
b. RADIATION PROTECTION	" "	20	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	" "	10	
d. RADIATION BIOLOGY	" "	20	
e. RADIOPHARMACEUTICAL CHEMISTRY	" "	60	20

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
$^{113m}Ag$ I. 1/1	500mCi 200mCi	Duke University Medical Center " "	July 2000 - June 2004 " "	DIAGNOSTIC THERAPEUTIC

PRECEPTOR STATEMENT

Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

1. APPLICANT PHYSICIAN'S NAME AND ADDRESS

FULL NAME  
**MICHAEL CORY BRODSKY**

STREET ADDRESS  
[REDACTED]

CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]

KEY TO COLUMN C

PERSONAL PARTICIPATION SHOULD CONSIST OF:

1-Supervised examination of patients to determine the suitability for radiisotope diagnosis and/or treatment and recommendation for prescribed dosage.

2-Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data.

3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION	33	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	2	
	LIVER FUNCTION STUDIES	0	
	FAT ABSORPTION STUDIES	0	
	KIDNEY FUNCTION STUDIES	0	
	IN VITRO STUDIES	0	
OTHER			
I-125	DETECTION OF THROMBOSIS	0	
I-131	THYROID IMAGING	5	
P-32	EYE TUMOR LOCALIZATION	0	
Se-75	PANCREAS IMAGING	0	
Yb-169	CISTERNOGRAPHY	0	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	125	
OTHER			
Tc-99m	BRAIN IMAGING	10	
	CARDIAC IMAGING	220	
	THYROID IMAGING	28	
	SALIVARY GLAND IMAGING	0	
	BLOOD POOL IMAGING	80	
	PLACENTA LOCALIZATION	0	
	LIVER AND SPLEEN IMAGING	10	
	LUNG IMAGING	125	
	BONE IMAGING	240	
OTHER			

PERSONAL INFORMATION WAS REMOVED BY NRC. NO COPY OF THIS INFORMATION WAS RETAINED BY THE NRC.

RECEPTOR STATEMENT (Continued)

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	0	
P-32 (Colloidal)	INTRACAVITARY TREATMENT	0	
I-131	TREATMENT OF THYROID CARCINOMA	3	
	TREATMENT OF HYPERTHYROIDISM	0	
Au-198	INTRACAVITARY TREATMENT	0	
Co-60 or Cs-137	INTERSTITIAL TREATMENT	0	
	INTRACAVITARY TREATMENT	0	
I-125 or Ir-192	INTERSTITIAL TREATMENT	0	
Co-60 or Cs-137	TELETHERAPY TREATMENT	0	
Sr-90	TREATMENT OF EYE DISEASE	0	
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	2	
Sr-113/ In-113m	GENERATOR	0	
Tc-99m	REAGENT KITS	0	
Other			

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING  
 Feb 2001, June 2002, July 2002, May 2003, September 2003, March 2004  
 Total = 1000 hours

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:	6. PRECEPTOR'S SIGNATURE
a. NAME OF SUPERVISOR R. EDWARD COLEMAN	R. Edward Coleman
b. NAME OF INSTITUTION DUKE UNIVERSITY MEDICAL CENTER	7. PRECEPTOR'S NAME (Please type or print)
c. MAILING ADDRESS Box 3949	R. EDWARD COLEMAN
d. CITY DURHAM	8. DATE
5. MATERIALS LICENSE NUMBER(S) NC 032-0247-4	4/20/05

# The American Board of Radiology

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American College of Radiology, the American Roentgen Ray Society,  
the American Radium Society, the Radiological Society of North America,  
the Section on Radiology of the American Medical Association,  
the American Society for Therapeutic Radiology and Oncology, the Association of  
University Radiologists, and American Association of Physicists in Medicine*

*Hereby certifies that*

**Samer K. Rao, MD**

*Has pursued an accepted course of graduate study  
and clinical work, has met certain standards and qualifications and  
has passed the examinations conducted under the authority of  
The American Board of Radiology*

*On this ninth day of June, 2004*

*Thereby demonstrating to the satisfaction of the Board  
that he is qualified to practice the specialty of*

**Diagnostic Radiology**



*[Signature]*  
President

*[Signature]*  
Secretary-Treasurer

*[Signature]*  
Executive Director

Valid through 2014

Certificate No. 50387

**APPENDIX B**

**NRC Form 313A**

**“Training and Experience and Preceptor Statement”**



NRC FORM 313A (10-2002)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2005	
<b>TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT</b>					
<b>PART I -- TRAINING AND EXPERIENCE</b>					
<b>Note:</b> 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) <b>SAMEET K. RAO , RADIOLOGIST</b>					
2. For Physicians, Podiatrists, Dentists, Pharmacists -- State or Territory Where Licensed <b>MARYLAND , NEW JERSEY</b>					
<b>3. CERTIFICATION</b>					
<b>Specialty Board</b>		<b>Category</b>		<b>Month and Year Certified</b>	
<b>AMERICAN BOARD OF RADIOLOGY</b>				<b>6/04</b>	
<i>Stop here when using Board Certification to meet 10 CFR Part 35 training and experience requirements.</i>					
<b>4. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)</b>					
<b>Description of Training</b>		<b>Location</b>		<b>Clock Hours</b>	<b>Dates of Training</b>
Radiation Physics and Instrumentation		HOSPITAL OF ST. RAPHAEL 1450 CHAPEL ST. NEW HAVEN, CT 06511		50	7/1/00-6/30/04
Radiation Protection		"		25	"
Mathematics Pertaining to the Use and Measurement of Radioactivity		"		25	"
Radiation Biology		"		50	"
Chemistry of Byproduct Material for Medical Use		"		20	"
OTHER <i>Physiologic Measurements with Radioisotopes</i>		"		30	"

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
NUCLEAR MEDICINE ROTATIONS AS PART OF RADIOLOGY RESIDENCY	DR. VICENTE CARIDE	HOSPITAL OF ST. RAPHAEL NEW HAVEN CT 06511	7/1/00-6/30/04 300 HRS

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
Tc-99m	CLINICAL DIAGNOSTIC	100	DR VICENTE CARIDE	HOSPITAL OF ST. RAPHAEL	7/1/00-6/30/04 100 HRS
<del>Technetium</del> FDG-F18	"	50	"	"	"
Gallium 67	"	30	"	"	"
<sup>111</sup> In	"	30	"	"	"
I-123	"	100	"	"	"
I-131	Therapeutic	25	"	"	"

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 Physicians)

Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Numbers	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.490)
RADIOLOGY (DIAGNOSTIC)	HOSPITAL OF ST. RAPHAEL, NEW HAVEN, CT 06511.	7/1/00 - 6/30/04	ACGME

7. RADIATION SAFETY OFFICER -- ONE-YEAR FULL-TIME TRAINING

- 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

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
- 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 for 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 Vicente J. CARIDE, MD
- B. Supervisor is:  
 Authorized User  
 Radiation Safety Officer  
 Authorized Medical Physicists  
 Authorized Nuclear Pharmacists
- C. Supervisor meets requirements of Part 35, Section(s) \_\_\_\_\_ for medical uses in Part 35, Section(s) \_\_\_\_\_
- D. Address HOSPITAL OF SAINT RAPHAEL  
1450 CHAPEL ST  
NEW HAVEN, CT 06511
- E. Materials License Number 06-00200-03

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) \_\_\_\_\_.

YES 11b. The individual named in Item 1. is competent to independently function as an authorized  
 N/A USER for 35 910-934 uses.

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 AU  
or equivalent Agreement State requirements to be a preceptor authorized \_\_\_\_\_  
for the following uses of byproduct material: \_\_\_\_\_

A. Address  
HOSPITAL OF SAINT RAPHAEL  
1450 CHAPEL STREET  
NEW HAVEN, CT 06511

B. Materials License Number  
06-00200-03

C. NAME OF PRECEPTOR (print clearly)  
VICENTE J. CARLOS, MD

D. SIGNATURE -- PRECEPTOR  
*Vicente J. Carlos*

E. DATE  
4/12/05

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

9/8/2005, and to inform you that the initial processing which includes an administrative review has been performed.

APPEND. 29-23540-00  
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

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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** 137678.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.