The state of the s

February 7, 2006

NMSB2

U.S. Nuclear Regulatory Commission Division of Nuclear Materials Safety Region I King of Prussia, PA 19406

03031972

RE: Amendment to Material License 29-28341-02MD

Dear Sir/Madame

Please amend license condition 11.A to include the following individuals;

Arlene Lewin, R.Ph Kevin McGuffy, R.Ph

Both individuals are registered pharmacists in the State of New Jersey and authorized nuclear pharmacist with certification in Nuclear Pharmacy from Purdue University. Enclosed are copies of Miss Lewin and Mr. McGuffy certificate, a synopsis of their training received at Purdue, documentation of their experience handling radionuclides and copies of their New Jersey pharmacist licensure letter.

Should you have additional question please feel free to contact me at 973-533-9109.

Sincerely,

Rose-Anne B. Duvigneaud, R.Ph

Radiation Safety Officer

138431







January 19, 2006

Kevin McGuffy GE Healthcare 1 Naylon Place Livingston, NJ 07039

### Dear Kevin:

We are pleased to provide the enclosed certificate to recognize formally your completion of the Nuclear Pharmacy Certificate Program. We enjoyed the brief opportunity to share our knowledge from the world of academia. We wish you the very best for a gratifying and successful professional career.

As you continue on in your career, please do not hesitate to let us know if we can be of any assistance to you – we consider you part of the "Purdue family" and we look forward to hearing from you in the future!

Sincerely,

Steve Piepenbrink, R.Ph., BCNP

Director of Nuclear Pharmacy Engagement

Division of Nuclear Pharmacy

Tevelepahil



## PURDUE UNIVERSITY

SCHOOL OF PHARMACY AND PHARMACEUTICAL SCIENCES
DEPARTMENT OF INDUSTRIAL AND PHYSICAL PHARMACY
DIVISION OF NUCLEAR PHARMACY

This certificate is awarded to

Kevin McGuffy

as evidence of completion of the

NUCLEAR PHARMACY CERTIFICATE PROGRAM

January 19, 2006

John M. Pezzuto Dean, School of Pharmacy and Pharmaceutical Sciences Stephen L. Pièpenbrink Director of Nuclear Pharmacy Engagement

### TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES\*

Name: George Tzortzis

					Break	down of	Course	Conten	t in Cloc	k Hours		
Location of Training	Date(s) of Attendance	Nuclear Pharmacy Certificate Program	Total Clock Hours of Course	Radiat Physic Instru- menta	s &	Radiat Protec		Math Pertair to Rad activity	lio-	Radiat Biolog		Radio- pharma- ceutical Chemistry
				Α	В	Α	В	Α	В	Α	В	Α
Purdue University		Video- Workbook	150	54		37		11		23		25
		On-Site	73	26		19		13		4		11
Column "A" ref Course	ers to a Lecture/La	aboratory	223	80		56		24		27		36
Column "B" refers to a Supervised Laboratory Experience		TOTAL HOURS	80		56		24		27		36	

This form is representative of that which is used to apply for an NRC license amendment for an authorized user.

Director, Nuclear Pharmacy Certificate Program

### Documenting Experience Handling Radioisotopes (Actual Use of Radioisotopes Under the Supervision of an Authorized User)

Name: Kevin McGuffy, RPh.

Isotope	Maximum	Where	Duration of	Type of use
_	amount used at	experience	Experience	
	one time	was gained	(actual clock hrs)	(see key below)
Ba-133	150 uCi	GE Healthcare	25	1,2,4
Cs-137	170 uCi	Livingston, NJ	25	1,2,4
Cr-51	300 uCi		25	1,3,4,5
Co-57	10 mCi		25	1,2,4,5
Ga-67	300 mCi		50	1,2,4,5
In-111	10 mCi		50	1,3,4,5
I-123	20 mCi		50	1,3,4,5
I-131	150 mCi		50	1,3,4,5
Mo-99	18 Ci		35	1,3,4,5
Sr-89	10 mCi		5	1,2,3,4,5
Tc-99m	18 Ci	,	200	1,2,3,4,5,6
Tl-201	300 mCi		65	1,3,4,5
Xe-133	700 mCi		35	1,3,4,5

### **Key for Type of Use**

The number or numbers entered 'Type of Use' correspond to experience in the following activities:

- 1. Ordering, receiving and unpacking radioactive materials safely, including performing related radiation surveys.
- 2. Calibrating dose calibrators, scintillation detectors and survey meters.
- 3. Calculating, preparing and calibrating patient doses, including the proper use of radiation shields.
- 4. Following appropriate internal control procedures to prevent mislabeling errors.
- 5. Learning emergency procedures to handle and contain spilled materials safely, including related procedures for decontamination, surveys and wipe tests.
- 6. Eluting technetium-99m generator systems, assaying eluate for technetium-99m and molybdenum-99, and processing the eluate with reagents kits to prepare technetium-99m labeled radiopharmaceuticals.

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)

Kevin McGuffy RPh

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

NJ. USA

3. CER	TIFICATION	
Specialty Board	Category	Month and Year Certified

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
	Video, Workbook	54	9/05
Radiation Physics and Instrumentation	Purdue Univ	26	12/05
<b>5</b>	Purdue Video	37	9/05
Radiation Protection	Purdue Univ	19	12/05
Mothematics Destriction to the Line	Purdue Video	//	9/05
Mathematics Pertaining to the Use and Measurement of Radioactivity	Purdue Univ	13	12/05
	Puedue Video	23	9/05
Radiation Biology	Puedue Univ	4	12/05
Chemistry of Byproduct Material for	Purdue Video	25	9/05
Medical Use	Purdue Univ	//	12/05
OTHER		//	700
	1	1	1

NRC FORM 313A U.S. NUCLEAR REGULATORY COMMISSION (10-2002) TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued) 5a. WORK EXPERIENCE WITH RADIATION Location and Dates and Name of Corresponding **Clock Hours Description of Experience** Supervising **Materials License** of Individual(s) Number Experience NRC 29-28341-02 RAM INCOMING R. DUVIGNEAUD NJ 10355/01 29-28341-0 R. DUVIGNEAUD NT 1035561 preparation NRC 29-28341-05 NRC 29-28341-02 25 Tc99m Elution 200 Instrument 25 NJ 10355 5b. SUPERVISED CLINICAL CASE EXPERIENCE No. of Cases Location and Dates and Name of Involving Corresponding **Clock Hours** Radionuclide Type of Use Supervising Personal **Materials License** of Individual **Participation** Number Experience INSTRUMENT inastow NJ R. Duvignierua CAlibration INSTRUMENT Alibration fatient UNIT DOSES INSTRUMENT Calibration t Dosa 123

PAGE 2

*Patient* 

131

U.S. NUCLEAR REGULATORY COMMISSION NRC FORM 313A TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued) 5a. WORK EXPERIENCE WITH RADIATION Dates and Location and Name of Clock Hours Corresponding Supervising **Description of Experience** Materials License of Individual(s) Experience Number 5b. SUPERVISED CLINICAL CASE EXPERIENCE No. of Cases Involving Location and Dates and Name of **Clock Hours** Corresponding Radionuclide Type of Use Supervising Personal **Materials License** of Individual Experience **Participation** Number LIVINGSTON, NS NRC 119-28341-0244 US 10365/01 Generator Ju hows Patient UNIT DOSES Kit Prep unit Doses Patient unit Doses Pose DISPENSE

NRC FORM 31 (10-2002)		3 AND EXPERIENCE AN	D PRECEPTOR STATE		REGULATORY COMMISSION d)
	6. FORMAI	L TRAINING (applies to M	ledical Physicists and	Therapy Physicia	ns)
Degree, Area of Study or Residency Program		Name of Program and Location with Corresponding Materials License Number	Dates	Approv (e.g., Acc for Graduate and the Ap	Organization that ed the Program reditation Council Medical Education) plicable Regulation O CFR 35.490)
	7 DADIATIO	ON SAFETY OFFICER C	NE VEADELL THE	WORK EXPERIE	NOE
☐ YES		f full-tme radiation safety ex		ified in item 5a) und	
	8. MEDICAL	PHYSICIST ONE-YEAR	R FULL-TIME TRAINING	WORK EXPERIE	ENCE
YES	Completed 1-year of	f full-time training in therape	autic radiological physics	under the supervis	sion of
	Completed 1-year o	-			
N/A	· · · · · · · · · · · · · · · · · · ·		who meets requirements	s for Authorized ivie	dicai Physicists; and
YES	Completed 1-year o	f full-time work experience	(for areas identified in ite	em 5a) for	
☑ N/A	modality(ies) under t	the supervision of			who meets
	requirements of Autl	horized Medical Physicists	for		modality(ies).
	9. SUPE	RVISING INDIVIDUAL I	DENTIFICATION AND	QUALIFICATIONS	3
The training a needed to m	and experience indica eet requirements in 1	ated above was obtained ur 10 CFR 35, provide the follo	nder the supervision of (ii owing information for ea	f more than one su	pervising individual is
A_Nam	ne of Supervisor	B. Supervis	or is:		
8050	Anna R. Duri	ANISAIN Aut	horized User	Authorized M	edical Physicist
_ <del></del>	13,000	Rac	diation Safety Officer	Authorized N	uclear Pharmacist
C. Sup	ervisor meets require	ments of Part 35, Section(s	•	Parameter 1	· ·
for n	nedical uses in Part 3	5, Section(s)			-
D. Add	ress				anna Numbar
1-	E Healthcare	<del>,</del>		E. Materials Lice	
	NAVION PL			NEC 21 20355	101
į	ress E Healthcare Naylon PL Ivingstow, NJ	07039			

(10-2002)	KIVI STSA			U.S. NUCLEA	R REGULATURI COM	MISSION
		TRAINING AND EXPERIENCE AN	ID PRECEPTOR ST	FATEMENT (contin	ued)	
		PART II PRE	CEPTOR STATEM	ENT		_
Note:	experience	nust be completed by the individual's pro e, obtain a separate preceptor statemen ents in 10 CFR 35.590.				nt
	Preceptors	ust be completed for Nuclear Pharmacists do not have to complete items 11a, 11b nts of 10 CFR Part 35, Subpart J.				·
<b>☑</b> YE	S 10.	The individual named in item 1has satis	sfactorially completed	I the training requiren	nents in	
☐ N/	A	10 CFR 35.980 and is competent to ind	ependently operate a	a nuclear pharmacy.		•
Estationism		The individual named in Item 1 has sati	sfactorily completed t	the requirements in P	art 35, Section(s)	<u>-</u>
Ø N/	Ą	and Paragraph(s)	·			
YE	S 11b.	The individual named in Item 1. is comp	etent to independent	ly function as an auth	orized	
N//	A		for		uses (or units).	
		12. PRECEPTOR APP	PROVAL AND CERT	TIFICATION		
V	I certify the	approval of item 10 and certify I am an A	uthorized Nuclear Ph	narmacist;		
		or				
	I certify the	approval of items 11a and 11b, and certi	fy I am an Authorized	l Nuclear Pharmacist	.,	
i		or				
	I certify the	approval of Items 11a and 11b, and I cer	tify that I meet the red	quirements of _		
	or equivale	nt Agreement State requirements to be a	preceptor authorize	d		
	for the follo	wing uses (or units) of byproduct materia	<b>!</b> :			<u> </u>
A. Ad	dress					
		VIII		B. Materials License  NRC 29-283		
		E HEALTHCARE  1 Naylon Place ingston, NJ 07039  973-533-9109		NJ 10355/E	01	
C. NAME	OF PRECEP	TOR (print clearly) D. SIGNA	ATURE - PRECEPTOR		E. DATE	
Rose-	Anne B	. DUVIGNEAUD AU	wheared		2/4/06	
						PAGE 4

## PURDUE UNIVERSITY WEST LAFAYETTE, INDIANA

SCHOOL OF PHARMACY AND PHARMACEUTICAL SCIENCES
DEPARTMENT OF INDUSTRIAL AND PHYSICAL PHARMACY
DIVISION OF NUCLEAR PHARMACY

This certificate is awarded to

# Arlene Lewin

as evidence of completion of the

NUCLEAR PHARMACY CERTIFICATE PROGRAM

December 20, 2005

John M. Pezzuto Dean, School of Pharmacy and Pharmaceutical Sciences Stephen L. Piepenbrink Director of Nuclear Pharmacy Engagement

### TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES\*

Name: Arlene Lewin

					Break	down of	Course	Content	in Cloc	k Hours		
Location of Training	1 - 311 (3) 31		Total Clock Hours of Course	Radiation Physics & Instru- mentation		Radiation Protection		Math Pertaining to Radio- activity		Radiation Biology		Radio- pharma- ceutical Chemistry
				Α	В	Α	В	Α	В	Α	В	Α
Purdue University		Video- Workbook	150	54		37		11		23		25
		On-Site	73	26		19		13		4		11
Column "A" refers to a Lecture/Laboratory Course		223	80		56		24		27		36	
Column "B" refers to a Supervised Laboratory Experience		TOTAL HOURS	80		56		24		27		36	

• This form is representative of that which is used to apply for an NRC license amendment for an authorized user.

Director, Nuclear Pharmacy Certificate Program

### Documenting Experience Handling Radioisotopes (Actual Use of Radioisotopes Under the Supervision of an Authorized User)

Name: Arlene Lewin, Rph.

Isotope	Maximum amount used at	Where experience	Duration of Experience	Type of use
	one time	was gained	(actual clock hrs)	(see key below)
Ba-133	150 uCi	GE Healthcare	25	1,2,4
Cs-137	170 uCi	Livingston, NJ	25	1,2,4
Cr-51	300 uCi	_	25	1,3,4,5
Co-57	10 mCi		25	1,2,4,5
Ga-67	300 mCi		60	1,2,4,5
In-111	10 mCi		45	1,3,4,5
I-123	20 mCi		50	1,3,4,5
I-131	150 mCi		50	1,3,4,5
Mo-99	18 Ci		30	1,3,4,5
Sr-89	10 mCi		5	1,2,3,4,5
Tc-99m	18 Ci	,	300	1,2,3,4,5,6
T1-201	300 mCi		70	1,3,4,5
Xe-133	700 mCi		50	1,3,4,5

### Key for Type of Use

The number or numbers entered 'Type of Use' correspond to experience in the following activities:

- 1. Ordering, receiving and unpacking radioactive materials safely, including performing related radiation surveys.
- 2. Calibrating dose calibrators, scintillation detectors and survey meters.
- 3. Calculating, preparing and calibrating patient doses, including the proper use of radiation shields.
- 4. Following appropriate internal control procedures to prevent mislabeling errors.
- 5. Learning emergency procedures to handle and contain spilled materials safely, including related procedures for decontamination, surveys and wipe tests.
- 6. Eluting technetium-99m generator systems, assaying eluate for technetium-99m and molybdenum-99, and processing the eluate with reagents kits to prepare technetium-99m labeled radiopharmaceuticals.

NRC FORM 313A

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)

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

**Specialty Board** 

3. CERTIFICATION

Category	Month and Year Certified

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)

Training
5
5
ī
5
5
05
05
05
05
05
<del></del>
/////

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
incoming RAM	Rose Anne	NRC 29-28341-02	8/05-1/0 <b>6</b> 80
PACKAGE Check-IN	DUVIGNEAU		80
PACKAGING RAM FOR	R. Duvigneraud	NRC 29-28341-02	8/05-1/05
Shipment		NJ 10355/01	80
Kit Preparation	R-Duvigneaud	NRC 29 28341-03	100
Dose Calculation		NT 10355/01	300 hrs
Emergency Procedures	R. Duvigneaud	NRC 29-28341-02	8/05-1/08
FOR Spills - Decontamination		NS 10355/01	25
Toggm Elution?	R. DuvigNEAUL	NRC 29-28341-02	8/05-1/08
uurriing (viino)		NJ 10355/01	Zoohs
Instrument	R. Duvigneaud	NRC 29-28341-02	8/15-1/1 <b>5</b>
Calibration	_	NJ 10355/01	
Implement Internal Policies  RE: Mislabeling + Frevention	R. Duvignerad	NRC 29-28341-02	8/05 - 1/0 <b>5</b> 50
AE: Mislabeling + Prevention	J	NT 10355/01	50
J		,	

#### 5b. SUPERVISED CLINICAL CASE EXPERIENCE Location and Dates and No. of Cases Name of **Clock Hours** Involving Corresponding Type of Use Supervising Radionuclide Personal Material's License of Individual **Participation** Number Experience lingston , NJ RC 29 - 28 341-02 U IT 103:55/01 INSTRUMENT Ba 133 R. DUVIGNEAUD CALIBRATION. LIVINGS to 1, NJ NGC 29-28341-02MB INSTRUMENT R. DUVIGNEAUD CAlibration LIVINGSTON AUT NEC 29-28341-02 MD NT 103.55/01 Patient R DUVIGNEAUS unit doses Livingston NJ NRC 29-28341-02MD R. DUVIGNEAUD Livingston, NJ NFC 29-28341-02MB NJ 10335/01 unit doses Livingston NJ NFC 29-28341-0246 NJ 10355/01 Blood Labeling LIVINGSTON NJ NRC29-28341-0240 unit Doses NJ 10355/01 Livingston, NJ NRC 29.28341-0240 NT 10355/01 Patient R. DUVIGNEAUD

unit Disses

NRC FORM 313A (10-2002)	TRAINING AND E	EXPERIEN	VCE /	AND PRECEPTOR STATE	U.S. NUCLEAR REGULATO MENT (continued)	ORY COMMISSION
· · · · · · · · · · · · · · · · · · ·	5	a. WORK	EXP	PERIENCE WITH RADIATIO	ON	
Desc	cription of Experience			Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
			-			
				**************************************		
					<u> </u>	
					!	
					. !	
			***************************************			
	5b. \$	SUPERVIS	SED (	CLINICAL CASE EXPERIE	ENCE	
Radionuclide	Type of Use	No. of Ca Involvin Person Participa	ing nal	Supervising Individual	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
Mo 99	Generator Elutions	<del></del>		R. DUVIGNEAUD	Livingston NI NRC 29-28341-02MB	9/05-12/05 30ns
Sr 89	Patient unit Doses Kit Prep			R. DUVIGNEAUD	Livingster NJ NAC 39-28341-02MO NJ 1035/01	9/05-12/05 Shis
Tc 99m	UNIT DOSES PATIENT UNIT DOSES		1	K. DUVIGNEAUD	URC 29-28341 0241) NJ 10355/01	9/05-12/05 9/05-12/05
TC 201	Dose			R.DWIGNERUD	LIVINGSTON, NJ NRC 29-2874-02MD 185 10355/01 LIVINGSTON, NJ NRC 29-28241-02MO NT 10355/01	9/05 - 12/05
X6133	Dispense			R. Duvignerauo	NEC 27 10255/01	Johns'
		<del></del>				

NRC FORM 3 (10-2002)		NG AND EXPERIENCE AND	PRECEPTOR STA		REGULATORY COMMISSION ed)
	6. FORM	AL TRAINING (applies to Med	dical Physicists an	d Therapy Physicia	ans)
	ee, Area of Study or dency Program	Name of Program and Location with Corresponding Materials License Number	Dates	Approv (e.g., Acc for Graduate and the Ap	Organization that ved the Program creditation Council te Medical Education) oplicable Regulation 10 CFR 35.490)
Epinemony.		TION SAFETY OFFICER ON			
YES	•	of full-tme radiation safety expe	•	·	der supervison
M N/A	of	1	the RSO for License	No.	•
	8. MEDICA	L PHYSICIST ONE-YEAR F	ULL-TIME TRAINII	NG/WORK EXPERI	ENCE
YES	Completed 1-year	of full-time training in therapeut	tic radiological physi-	cs under the supervi	sion of
N/A		w	no meets requiremer	nts for Authorized Me	edical Physicists; and
<b>—</b> V-0					
YES N/A	•	of full-time work experience (for	or areas identified in i	item 5a) for	\.d
N INV		er the supervision ofuthorized Medical Physicists for	<u> </u>		who meets - modality(ies)
	requirements of Ac	AUTOTIZED IVIEDICAL ETIYƏLGƏLƏ TOL			modality(ies).
	9. SUP	PERVISING INDIVIDUAL IDE	ENTIFICATION ANI	D QUALIFICATION:	S
		cated above was obtained under 10 CFR 35, provide the follow			upervising individual is
	me of Supervisor	B. Supervisor	-	,401,, •	
Rose	Anné B. Duvic	Autho	orized User	Authorized V	ledical Physicist
1 1000	Him Electrical		ation Safety Officer	, نسب	luclear Pharmacist
C. Su	pervisor meets requir	rements of Part 35, Section(s)			
for	medical uses in Part	: 35, Section(s)			
D Ad	drace	· · · · · · · · · · · · · · · · · · ·			
Gt	F HEAltheARE	2		E. Materials Lice	
1	NAY ION PLACE			NT 10355/C	
u U	F HEATHCARE NAY ION PLACE VINGSTON, NT O	7039			

NRC FO (10-2002)	RM 313A				U.S. NUCLEA	AR REGULATORY COMMISSION
(10-2002)		TRAINING AND E	XPERIENCE AND PR	ECEPTOR ST	ATEMENT (contir	ued)
			PART II PRECEPT	OR STATEME	NT	
Note:	experien	t must be completed by th nce, obtain a separate pre nents in 10 CFR 35.590.				
	Precepto	must be completed for Nuc ors do not have to complet nents of 10 CFR Part 35,	te items 11a, 11b, or the			
<b>▽</b> Y	ES 1(	0. The individual named	in item 1has satisfactori	ally completed	the training require	ments in
N	/A	10 CFR 35.980 and is	competent to independ	ently operate a	nuclear pharmacy.	
راسسا		a. The individual named	in Item 1 has satisfactor	ily completed t	he requirements in I	Part 35, Section(s)
N	/A	and Paragraph(s)		_·		
D <sub>Y</sub>	ES 111	b. The individual named	in Item 1. is competent t	o independentl	y function as an aut	horized
V N	/A			for		uses (or units).
		12 Pi	RECEPTOR APPROVA	AND CERT	TEICATION	
V	I certify the	he approval of item 10 and	d certify I am an Authoriz	ed Nuclear Ph	armacist;	
			or			
	I certify the	he approval of items 11a a	and 11b, and certify I am	an Authorized	Nuclear Pharmacis	st;
			or			
	I certify the	he approval of Items 11a a	and 11b, and I certify tha	t I meet the rec	juirements of	
	or equiva	alent Agreement State req	uirements to be a prece	eptor authorize	d	
	for the fo	ollowing uses (or units) of b	pyproduct material:			
	ddress				B. Materials Licens	e Number
6E	HEAL	th care			NRC 29-283	•
1	NAYlon	PLACE			NJ 10355	101
Liv	ingstow	thcare Place 1 NJ 07039				
		EPTOR (print clearly)	D. SIGNATURE	PRECEPTOR		E. DATE
Rose	ANNE F	3. DUVIGNEAUD	Hund	LIMIA		2/2/06

PAGE 4

		ne receipt of your letter/application dated
	includes an administrativ	6, and to inform you that the initial processing which review has been performed.
	_/ AMENO.	29 – 28341 – 62 Mg strative omissions. Your application was assigned to a
	There were no admini technical reviewer. Plomissions or require a	ease note that the technical review may identify additional
	Please provide to this	office within 30 days of your receipt of this card
:	A copy of your action has	office within 30 days of your receipt of this card s been forwarded to our License Fee & Accounts Receivably you separately if there is a fee issue involved.
	A copy of your action has Branch, who will contact Your action has been ass	s been forwarded to our License Fee & Accounts Receivably you separately if there is a fee issue involved.  signed Mail Control Number
	A copy of your action has Branch, who will contact Your action has been ass When calling to inquire a	s been forwarded to our License Fee & Accounts Receivably you separately if there is a fee issue involved.  signed Mail Control Number