Yale University

Office of Environmental Health & Safety
135 College Street, 1st Floor
New Haven, Connecticut 06510-2411

Telephone: 203 785-3550
Fax: 203 785-7588
www.yale.edu/oehs

NMSB2

February 21, 2006

Stephen Courtemanche
US Nuclear Regulatory Commission
Region 1
475 Allendale Road
King of Prussia, PA 19406-1415

RECEIVED
REGION 1
2006 FEB 27 PM 1:41

Docket No. 03036988
Control No. ~~137438~~ 138504
License No. 06-31070-01

Subject: Yale Cardiology at the Shoreline, Request to change RSO

Dear Mr. Courtemanche:

Dr. Albert J. Sinusas is currently listed as an authorized user on the above NRC license. Yale University is requesting that Dr. Sinusas be named Radiation Safety Officer replacing the current RSO, Dr. Franz Wackers on this license. Attached for your convenience are Dr. Sinusas's previously submitted training and experience documentation. Also enclosed is a letter from Dr. Sinusas in which he states that he accepts the responsibilities of this position.

If you require any additional information, please contact Agnes Barlow at (203) 737-2142.

Thank you.

Dr. Stephanie Spangler
Deputy Provost for Biomedical
and Health Affairs

Agnes Barlow

Agnes Barlow, CHP
Associate Director, OEHS

138504

NMSS/RGN1 MATERIALS-002

Yale University

*Department of Internal Medicine*
*Section of Cardiovascular Medicine*

SCHOOL OF MEDICINE
333 CEDAR STREET, 3 FMP
P.O. BOX 208017
NEW HAVEN, CONNECTICUT 06520-8017

(203) 785-4915
FAX: (203) 737-1026
EMAIL: albert.sinusas@yale.edu

ALBERT J. SINUSAS, M.D., FACC, FAHA
*Professor of Medicine (Cardiology)*
*and Diagnostic Radiology*
*Director, Cardiovascular Nuclear Imaging*
*Director, Animal Research Laboratories*

February 1, 2006

Aggie Barlow
OEHS – Rad. Safety
Yale University
135 College Street
New Haven, CT 06510

Dear Aggie;

I understand the requirements for being Radiation Safety Officer as related to the safe use of radioactive materials for diagnostic nuclear medicine. I have read the duties of the Radiation Safety Officer as described in 10 CFR35, and I am willing and capable of performing the described duties.

Sincerely;

Albert J. Sinusas, M.D., FACC, FAHA
Professor of Medicine and Diagnostic Radiology
Yale University School of Medicine

YALE-NEW HAVEN HOSPITAL

Radiation Safety Committee

December 30, 1998

To Whom it May Concern:

The purpose of this letter is to certify that Albert J. Sinusas, M.D., DOB [redacted] is listed as an authorized user by the Yale-New Haven Hospital (YNHH) Radiation Safety Committee under NRC license 06-00819-03. YNHH is an NRC broad scope, human use licensee.

Dr. Sinusas is an Associate Professor of Medicine (Cardiology) & Diagnostic Radiology. He is authorized to perform imaging and localization studies as described in 10 CFR 35.200. He meets the Subpart J criteria contained in 10 CFR 35.920 - Training for imaging and localization studies.

If there are any questions concerning Dr. Sinusas's training and experience, with regard to radionuclide licensing, please feel free to contact the YNHH Radiation Safety Office at (203) 688-2950.

Sincerely,

Michael J. Bohan
YNHH Radiation Safety Officer

Robert C. Lange, Ph.D.
Chairman, YNHH Radiation Safety Committee

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

20 York Street
New Haven, CT 06504

NRC FORM 313M SUPPLEMENT A
(9-81)

U.S. NUCLEAR REGULATORY COMMISSION

# TRAINING AND EXPERIENCE
## AUTHORIZED USER OR RADIATION SAFETY OFFICER

| 1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER | 2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE |
|---|---|
| Albert J. Sinusas, M.D. | |

3. CERTIFICATION

| SPECIALTY BOARD A | CATEGORY B | MONTH AND YEAR CERTIFIED C |
|---|---|---|
| Internal Medicine | | March 1987 |

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 | TYPE AND LENGTH OF TRAINING: SUPERVISED LABORATORY EXPERIENCE (Hours) D |
|---|---|---|---|
| a. RADIATION PHYSICS AND INSTRUMENTATION | University of Virginia, 88-89 Radiologic Physics<br>Rensselaer Polytechnic Inst. Troy N.Y. (75-79) | 20<br>135 | 405 |
| b. RADIATION PROTECTION | University of Virginia, 88-89 | 5 | |
| c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY | Rensselaer Polytech Inst. Troy, N.Y. (75-79)<br>University of Virginia, 88-89 | 60<br>5 | |
| d. RADIATION BIOLOGY | University of Virginia, 88-89 Radiation Biology | 20 | |
| e. RADIOPHARMACEUTICAL CHEMISTRY | University of Virginia, 88-89 | 30 | |

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

| ISOTOPE | MAXIMUM AMOUNT | WHERE EXPERIENCE WAS GAINED | DURATION OF EXPERIENCE | TYPE OF USE |
|---|---|---|---|---|
| Tc-99m | 25 mCi | University of Virginia | 10 months | clinical |
| | 20 mCi | University of Virginia | 24 months | animal research |
| Tl-201 | 3 mCi | University of Virginia | 10 months | Clinical |
| | 3 mCi | University of Virginia | 24 months | animal research |

NRC FORM 313M SUPPLEMENT B
(9-81)

U. S. NUCLEAR REGULATORY COMMISSION

# 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

Albert J. Sinusas, M.D.

STREET ADDRESS

CITY | STATE | ZIP CODE

**KEY TO COLUMN C**

PERSONAL PARTICIPATION SHOULD CONSIST OF:

1-Supervised examination of patients to determine the suitability for radioisotope 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 | | |
| | DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME | | |
| | LIVER FUNCTION STUDIES | | |
| | FAT ABSORPTION STUDIES | | |
| | KIDNEY FUNCTION STUDIES | 5 | |
| | IN VITRO STUDIES | | |
| OTHER | | | |
| I-125 | DETECTION OF THROMBOSIS | | |
| I-131 | THYROID IMAGING | 1 | |
| P-32 | EYE TUMOR LOCALIZATION | | |
| Se-75 | PANCREAS IMAGING | | |
| Yb-169 | CISTERNOGRAPHY | 1 | |
| Xe-133 | BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES | 5 | |
| OTHER | | | |
| Tc-99m | BRAIN IMAGING | | |
| | CARDIAC IMAGING | 2 | |
| | THYROID IMAGING | 5 | |
| | SALIVARY GLAND IMAGING | | |
| Tc-99m | BLOOD POOL IMAGING | 125 | |
| | PLACENTA LOCALIZATION | | |
| | LIVER AND SPLEEN IMAGING | | |
| | LUNG IMAGING | 5 | |
| | BONE IMAGING | 15 | |
| OTHER | Tl-201 chloride, cardiac | 1300 | |

## PRECEPTOR STATEMENT *(Continued)*

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

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

### 3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

July 1, 1986-Dec. 15, 1989, 1160 hours in Non-Invasive Cardiac Lab and Nuclear Medicine Lab.

### 4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:

a. NAME OF SUPERVISOR
Charles D. Teates, M.D.

b. NAME OF INSTITUTION
University of Virginia Hospitals

c. MAILING ADDRESS
Box 486, University of Virginia

d. CITY
Charlottesville, Va. 22908

### 5. MATERIALS LICENSE NUMBER(S)
45 000034 26

### 6. PRECEPTOR'S SIGNATURE
C D Teates

### 7. PRECEPTOR'S NAME *(Please type or print)*
Charles D. Teates, M.D.

### 8. DATE
12/18/1989

NRC FORM 313M SUPPLEMENT B
(9-81)

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

2/21/2006, and to inform you that the initial processing which includes an administrative review has been performed.

☑ AMEND. 06-31070-01
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** 138504.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (RI)
(6-96)

Sincerely,
Licensing Assistance Team Leader