

CARDIOVASCULAR HEALTH, PLLC
Vasudev G. Ananthram, MD, FACC

117 Bulifants Blvd., Suite B
Williamsburg, VA 23188
(757) 259-9540 (757) 259-9547 (Fax)

NMSBL

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RECEIVED
REGION I

March 9, 2006

(45-31138-01)

U.S. Nuclear Regulatory Commission
LAT - Division of Nuclear Materials Safety, Region I
475 Allendale Road
King of Prussia, PA 19406

FAX (610) 337-5269

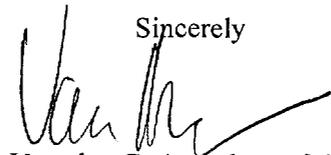
RE: Materials License Application

Cardiovascular Health would like apply for a materials license to use unsealed byproduct material for imaging and localization studies under '35.200 of 10 CFR 35. Please find attached an NRC Form 313 and "Table C" as delineated in Appendix C of NUREG - 1556.

We have also attached a check for \$2,100 to cover the licensing fee listed for category 7.C. and an application for "Small Entity Status" NRC Form 526.

If that are any questions concerning this letter or the attached application, please contact Dr. Dean Broga at (804) 828-5877.

Sincerely


Vasudev G. Ananthram, M.D.
President

138553

NMSS/RONI MATERIALS-002

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

LL 31138
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 02201

(45-31138-01)

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.

<p>1. THIS IS AN APPLICATION FOR (Check appropriate item)</p> <p><input checked="" type="checkbox"/> A. NEW LICENSE</p> <p><input type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER _____</p> <p><input type="checkbox"/> C. RENEWAL OF LICENSE NUMBER _____</p>	<p>2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)</p> <p>Cardiovascular Health, PLLC 117 Bulifants Boulevard, Suite B Williamsburg, VA 23188</p>
<p>3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED</p> <p>Cardiovascular Health, PLLC 117 Bulifants Boulevard, Suite B Williamsburg, VA 23188</p>	<p>4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION</p> <p>Dean W. Broga, Ph.D.</p> <hr/> <p>TELEPHONE NUMBER</p> <p>(804) 828-5877</p>

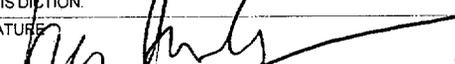
SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

<p>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.</p>	<p>6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.</p>				
<p>7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.</p>	<p>8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.</p>				
<p>9. FACILITIES AND EQUIPMENT.</p>	<p>10. RADIATION SAFETY PROGRAM.</p>				
<p>11. WASTE MANAGEMENT.</p>	<p>12. LICENSE FEES (See 10 CFR 170 and Section 170.31)</p> <table border="1"> <tr> <td>FEE CATEGORY</td> <td>7C</td> <td>AMOUNT ENCLOSED</td> <td>\$ 2,100.00</td> </tr> </table>	FEE CATEGORY	7C	AMOUNT ENCLOSED	\$ 2,100.00
FEE CATEGORY	7C	AMOUNT ENCLOSED	\$ 2,100.00		

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.

<p>CERTIFYING OFFICER -- TYPED/PRINTED NAME AND TITLE</p> <p>Vasudev G. Ananthram, MD, President</p>	<p>SIGNATURE </p> <p>DATE 3/10/06</p>
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FOR NRC USE ONLY

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

138553

Table C.2 - License Application - Cardiovascular Health

Yes	Radionuclide	Form or Manufacturer/ Model No.	Maximum Quantity	Purpose of Use
	Any byproduct material permitted by 10 CFR 35.100	Any	As needed	Any uptake, dilution, and excretion study permitted by 10 CFR 35.100.
X	Any byproduct material permitted by 10 CFR 35.200	Any	As needed	Any imaging and localization study permitted by 10 CFR 35.200.
	Any byproduct material permitted by 10 CFR 35.300	Any	millicuries	Any radiopharmaceutical therapy procedure permitted by 10 CFR 35.300.
	Iodine-131	Any	millicuries	Administration of I-131 sodium iodide.
	Byproduct material under 10 CFR 35.400 (Radionuclide)	Sealed source or device (Manufacturer , Model No.)	millicuries	Any brachytherapy procedure permitted by 10 CFR 35.400.
	Byproduct material under 10 CFR 35.400 ()	Sealed source or device (Manufacturer, Model)	millicuries	Any brachytherapy procedure permitted by 10 CFR 35.400.
	Byproduct material under 10 CFR 35.400 (Radionuclide)	Sealed source or device (Manufacturer , Model No.)	millicuries	Any brachytherapy procedure permitted by 10 CFR 35.400.
	Byproduct material under 10 CFR 35.400 (Radionuclide)	Sealed source or device (Manufacturer , Model No.)	millicuries	Any brachytherapy procedure permitted by 10 CFR 35.400.
	Strontium-90	Sealed source or device (Manufacturer , Model, No.)	millicuries	Treatment of superficial eye conditions using an applicator distributed pursuant to 10 CFR 32.74 and permitted by 10 CFR 35.400.

Yes	Radionuclide	Form or Manufacturer/ Model No.	Maximum Quantity	Purpose of Use
	Byproduct material under 10 CFR 35.500 Check all that apply: <input type="checkbox"/> Gd-153; <input type="checkbox"/> I-125; <input type="checkbox"/> Other, describe	Sealed source or device (Manufacturer _____, Model _____ No. _____)	curies per source and curies total	Diagnostic medical use of sealed sources permitted by 10 CFR 35.500 in compatible devices registered pursuant to 10 CFR 30.32(g).
	Iridium-192	Sealed source or device (Manufacturer _____, Model _____ No. _____)	curies per source and curies total	One source for medical use permitted by 10 CFR 35.600, in a Manufacturer Model No. _____ remote afterloading brachytherapy device. One source in its shipping container as necessary for replacement of the source in the remote afterloader device.
	Cobalt-60	Sealed source or device (Manufacturer _____, Model _____ No. _____)	curies per source and curies total	One source for medical use permitted by 10 CFR 35.600, in a Manufacturer Model No. _____ teletherapy unit. One source in its shipping container as necessary for replacement of the source in the teletherapy unit.
	Cobalt-60	Sealed source or device (Manufacturer _____, Model _____ No. _____)	curies per source and curies total	For medical use permitted by 10 CFR 35.600, in a Manufacturer Model No. _____ stereotactic radiosurgery device. Sources in the shipping container as necessary for replacement of the sources in the stereotactic radiosurgery device.
	Any byproduct material under 10 CFR 31.11	Prepackaged kits	millicuries	<i>In vitro</i> studies.
	Depleted uranium	Metal	kilograms	Shielding in a teletherapy unit.

Yes	Radionuclide	Form or Manufacturer/ Model No.	Maximum Quantity	Purpose of Use
	Depleted uranium	Metal	kilograms	Shielding in a linear accelerator.
	Any radionuclide in excess of 30 millicuries for use in calibration, transmission, and reference sources. (List radionuclide:)	Sealed source or device (Manufacturer , Model No.)	millicuries	For use in a Manufacturer Model No. for calibration and checking of licensee's survey instruments.
	Americium-241	Sealed source or device (Manufacturer , Model No.)	millicuries per source and millicuries total	Use as an anatomical marker.
	Plutonium (principal radionuclide Pu-238)	Sealed sources	millicuries per source and grams total	As a component of Manufacturer Model No. , nuclear-powered cardiac pacemakers for clinical evaluation in accordance with manufacturer's protocol dated . This authorization includes: follow-up, explantation, recovery, disposal, and implantation.
	Other	Form or Manufacturer/ Model No.	millicuries	Purpose of use

Table C.3 - License Application - Cardiovascular Health

Item Number and Title	Suggested Response	Check box to indicate material included in application
<p>Item 7: Radiation Safety Officer Name: Charles C. Ashby, M.D. Presently named on license No. 45-25424-01</p>	<p>Previous license number (if issued by NRC) or a copy of the license (if issued by an Agreement State) that authorized the uses requested and on which the individual was specifically named as the RSO.</p> <p style="text-align: center;">OR</p> <p>Copy of the certification(s) for the board(s) recognized by NRC and as applicable to the types of use for which he or she has RSO responsibilities.</p> <p style="text-align: center;">OR</p> <p>Description of the training and experience specified in 10 CFR 35.900(b).</p> <p style="text-align: center;">OR</p> <p>Description of the training and experience specified in 10 CFR 35.50(b) demonstrating that the proposed RSO is qualified by training and experience as applicable to the types of use for which he or she has RSO responsibilities.</p> <p style="text-align: center;">AND</p> <p>Written certification, signed by a preceptor RSO, that the above training and experience has been satisfactorily completed and that a level of radiation safety knowledge sufficient to function independently as an RSO for a medical use licensee has been achieved.</p> <p style="text-align: center;">AND</p> <p>If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59.</p>	<p style="text-align: center;">—</p>

Check box to indicate material included in application	Suggested Response	Item Number and Title
	<p>Previous license number (if issued by NRC) or a copy of the license (if issued by an Agreement State) on which the physician was specifically named as an AV for the uses requested.</p> <p>OR</p> <p>Copy of the certification(s) for the board(s) recognized by NRC under 10 CFR Part 35, Subparts D, E, F, G, H, and as applicable to the use requested.</p> <p>OR</p> <p>Description of the training and experience identified in 10 CFR Part 35 Subpart J demonstrating that the proposed AV is qualified by training and experience for the use requested.</p> <p>OR</p> <p>A description of the training and experience identified in 10 CFR Part 35 Subparts D, E, F, G, and H demonstrating that the proposed AV is qualified by training and experience for the use requested.</p> <p>AND</p> <p>Written certification, signed by a preceptor physician AV, that the above training and experience has been satisfactorily completed and that a level of competency sufficient to function independently as an AV for the medical uses authorized has been achieved.</p> <p>AND</p> <p>If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59.</p>	<p>Item 7: Authorized Users Names and Requested Uses for Each Individual</p> <p>Charles C. Asby, M.D. # 45-25424-01 for 35.200, Vasudev G. Anathram, M.D. # 31-30666-01 for 35.200.</p>
	<p>Previous license number (if issued by NRC) or a copy of the license (if issued by an Agreement State) on which the individual was specifically named ANP.</p> <p>OR</p> <p>Copy of the certification(s) for the radiopharmacy board(s) recognized by NRC under 10 CFR 35.55(a) or 10 CFR 35.980(a).</p> <p>OR</p> <p>Description of the training and experience demonstrating that the proposed ANP is qualified by training and experience.</p> <p>AND</p> <p>Written certification, signed by a preceptor ANP, that the above training and experience has been satisfactorily completed and that a level of competency</p> <ul style="list-style-type: none"> • sufficient to function independently as an ANP has been achieved (10 CFR 35.55), or • sufficient to independently operate a nuclear pharmacy (10 CFR 35.980). <p>AND</p> <p>If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59.</p>	<p>Item 7: Authorized Nuclear Pharmacists</p> <p>Names:</p>

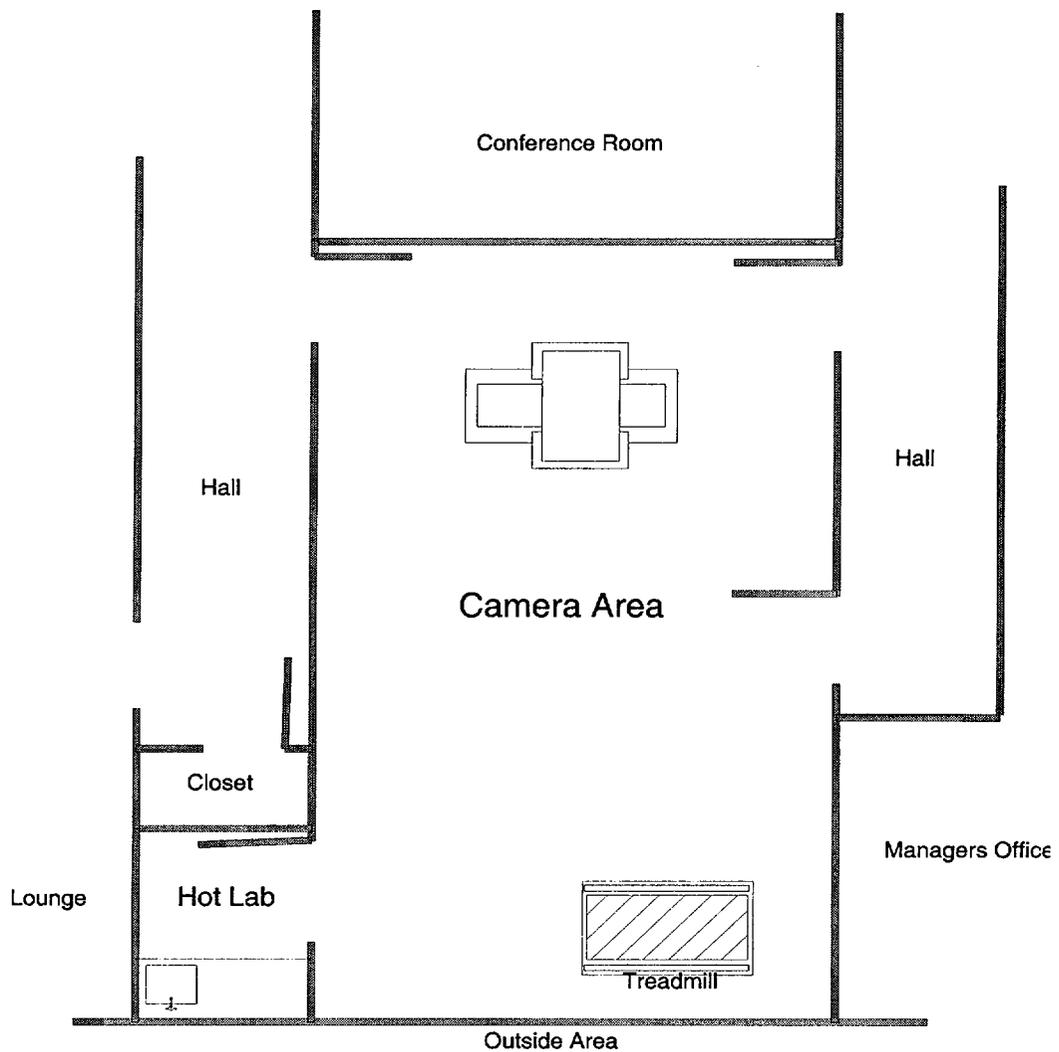
Item Number and Title	Suggested Response	Check box to indicate material included in application
<p>Item 7: Authorized Medical Physicists</p> <p>Names:</p>	<p>Previous license number (if issued by NRC) or a copy of the license (if issued by an Agreement State) on which the individual was specifically named as an AMP for the units requested.</p> <p style="text-align: center;">OR</p> <p>Copy of the certification(s) for the board(s) recognized by NRC in 10 CFR 35.51(a) or 10 CFR 35.961(a) or (b).</p> <p style="text-align: center;">OR</p> <p>Description of the training and experience demonstrating that the proposed AMP is qualified by training and experience identified in 10 CFR 35.961(c) for the units requested.</p> <p style="text-align: center;">OR</p> <p>Description of the training and experience demonstrating that the proposed AMP is qualified by training and experience identified in 10 CFR 35.51(b) for the units requested.</p> <p style="text-align: center;">AND</p> <p>Written certification, signed by a preceptor AMP, that the above training and experience has been satisfactorily completed and that a level of competency sufficient to function independently as an AMP has been achieved.</p> <p style="text-align: center;">AND</p> <p>If applicable, description of recent related continuing education and experience as required by 10 CFR 35.59.</p>	<p>_____</p>
<p>Item 9: Facility Diagram</p>	<p>A diagram is enclosed that describes the facilities and identifies activities conducted in all contiguous areas surrounding the area(s) of use. The following information is included:</p> <ul style="list-style-type: none"> • Drawings should be to scale, and indicate the scale used. • Location, room numbers, and principal use of each room or area where byproduct material is prepared, used or stored, as provided above under the heading "Discussion"; • Location, room numbers, and principal use of each adjacent room (e.g., office, file, toilet, closet, hallway), including areas above, beside, and below therapy treatment rooms; indicate whether the room is a restricted or unrestricted area as defined in 10 CFR 20.1003; and • Provide shielding calculations and include information about the type, thickness, and density of any necessary shielding to enable independent verification of shielding calculations, including a description of any portable shields used (e.g., shielding of proposed patient rooms used for implant therapy including the dimensions of any portable shield, if one is used; source storage safe, etc.). <p>In addition to the above, for teletherapy and GSR facilities, applicants should provide the directions of primary beam usage for teletherapy units and, in the case of an isocentric unit, the plane of beam rotation.</p>	<p style="text-align: center;"><u> X </u></p> <p style="text-align: center;"><u> X </u></p> <p style="text-align: center;"><u> X </u></p> <p style="text-align: center;">_____</p> <p style="text-align: center;">_____</p>

Item Number and Title	Suggested Response	Check box to indicate material included in application
<p>Item 9: Radiation Monitoring Instruments</p> <p>Ludlum Model 14C - Survey Meter with Model 44-38 is an energy compensated sidewall G-M detector or equivalent.</p> <p>CAPRAC 15WM WIPE TEST/WELL COUNTER from Capintec or equivalent</p>	<p>A statement that: "Radiation monitoring instruments will be calibrated by a person qualified to perform survey meter calibrations."</p> <p style="text-align: center;">AND/OR</p> <p>A statement that: "We have developed and will implement and maintain written survey meter calibration procedures in accordance with the requirements in 10 CFR 20.1501 and that meet the requirements of 10 CFR 35.61."</p> <p style="text-align: center;">AND</p> <p>A description of the instrumentation (e.g., gamma counter, solid state detector, portable or stationary count rate meter, portable or stationary dose rate or exposure rate meter, single or multichannel analyzer, liquid scintillation counter, proportional counter) that will be used to perform required surveys.</p> <p style="text-align: center;">AND</p> <p>A statement that: "We reserve the right to upgrade our survey instruments as necessary as long as they are adequate to measure the type and level of radiation for which they are used."</p>	<p style="text-align: center;"><input checked="" type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><input checked="" type="checkbox"/></p> <p style="text-align: center;"><input checked="" type="checkbox"/></p>
<p>Item 9: Dose Calibrator and Other Dosage Measuring Equipment</p>	<p>A statement that: "Equipment used to measure dosages will be calibrated in accordance with nationally recognized standards or the manufacturer's instructions."</p>	<p style="text-align: center;"><input checked="" type="checkbox"/></p>
<p>Item 9: Therapy Unit - Calibration and Use</p>	<p>We are providing the procedures required by 10 CFR 35.642, 10 CFR 35.643, and 10 CFR 35.645, if applicable to the license application.</p>	<p style="text-align: center;"><input type="checkbox"/></p>
<p>Item 9: Other Equipment and Facilities</p>	<p>Attached is a description identified as Attachment 9.4, of additional facilities and equipment.</p> <p>For manual brachytherapy facilities, we are providing a description of the emergency response equipment.</p> <p>For teletherapy, GSR, and remote afterloader facilities, we are providing a description of the following:</p> <ul style="list-style-type: none"> • Warning systems and restricted area controls (e.g., locks, signs, warning lights and alarms, interlock systems) for each therapy treatment room; • Area radiation monitoring equipment; • Viewing and intercom systems (except for LDR units); • Steps that will be taken to ensure that no two units can be operated simultaneously, if other radiation-producing equipment (e.g., linear accelerator, X-ray machine) are in the treatment room; and • Methods to ensure that whenever the device is not in use or is unattended, the console keys will be inaccessible to unauthorized persons. • Emergency response equipment. 	<p style="text-align: center;"><input type="checkbox"/></p>
<p>Item 10. Safety Procedures and Instructions</p>	<p>Attached procedures required by 10 CFR 35.610</p>	<p style="text-align: center;"><input type="checkbox"/></p>

Item Number and Title	Suggested Response	Check box to indicate material included in application
Item 10: Occupational Dose	<p>A statement that: "Either we will perform a prospective evaluation demonstrating that unmonitored individuals are not likely to receive, in one year, a radiation dose in excess of 10% of the allowable limits in 10 CFR Part 20 or we will provide dosimetry that meets the requirements listed under "Criteria" in NUREG-1556, Vol. 9, "Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Medical Use Licensees," dated October 2002."</p> <p style="text-align: center;">OR</p> <p>A description of an alternative method for demonstrating compliance with the referenced regulations.</p>	<p style="text-align: center;"><u>X</u></p> <p style="text-align: center;">—</p>
Item 10: Area Surveys	A statement that: "We have developed and will implement and maintain written procedures for area surveys in accordance with 10 CFR 20.1101 that meet the requirements of 10 CFR 20.1501 and 10 CFR 35.70."	<p style="text-align: center;"><u>X</u></p>
Item 10: Safe Use of Unsealed Licensed Material	A statement that: "We have developed and will implement and maintain procedures for safe use of unsealed byproduct material that meet the requirements of 10 CFR 20.1101 and 10 CFR 20.1301."	<p style="text-align: center;"><u>X</u></p>
Item 10: Spill Procedures	A statement that: "We have developed and will implement and maintain written procedures for safe response to spills of licensed material in accordance with 10 CFR 20.1101."	<p style="text-align: center;"><u>X</u></p>
Item 10: Installation, Maintenance, Adjustment, Repair, and Inspection of Therapy Devices Containing Sealed Sources	<p>Name of the proposed employee and types of activities requested:</p> <p style="text-align: center;">AND</p> <p>Description of the training and experience demonstrating that the proposed employee is qualified by training and experience for the use requested.</p> <p style="text-align: center;">AND</p> <p>Copy of the manufacturer's training certification and an outline of the training in procedures to be followed.</p>	<p style="text-align: center;">—</p> <p style="text-align: center;">—</p> <p style="text-align: center;">—</p>
Item 10: Minimization of Contamination	A response is not required under the following condition: the NRC will consider that the above criteria have been met if the information provided in applicant's responses satisfy the criteria in Sections 8.14, 8.15, 8.20, 8.24, 8.26, and 8.28, on the topics: Facility and Equipment; Facility Diagram; Radiation Protection Program; Safety Program; and Waste Management.	<p style="text-align: center;">N/A</p>
Item 11: Waste Management	A statement that: "We have developed and will implement and maintain written waste disposal procedures for licensed material in accordance with 10 CFR 20.1101, that also meet the requirements of the applicable section of Subpart K to 10 CFR Part 20 and 10 CFR 35.92."	<p style="text-align: center;"><u>X</u></p>

Facilities and Equipment

Nuclear medicine camera area and hot lab are located on an outside wall of our offices at 117 Bulifant Boulevard in Williamsburg, Virginia (see diagrams below). The building is a single story. Lead bricks and small pigs are used to shield specific sources in the hot lab. Shielded trash cans and pigs are used for short-term decay for disposal. The hot lab is equipped with a leaded L-shield.



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

3/10/2006, and to inform you that the initial processing which includes an administrative review has been performed.

NEW LICENSE APPLICATION (03037174)
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 138553.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: Program Code: 02201
: Status Code: 3
: Fee Category: _____
: Exp. Date: 0
: Fee Comments: _____
: Decom Fin Assur Req'd: _
:.....

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: CARDIOVASCULAR HEALTH, PLLC
Received Date: 20060313
Docket No.: 3037174
Control No.: 138553
License No.: 45-31138-01
Action Type: New Licensee

2. FEE ATTACHED

Amount: \$2,100.00
Check No.: 3325

3. COMMENTS

Signed *M. A. Parkin*
Date 3/13/2006

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 _____