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101 Carnegie Center
Princeton, NJ 08540
USA

18 October 2006

Elizabeth Ullrich
United States Nuclear Regulatory Commission
Region I
475 Allendale Road
King of Prussia, PA 19406

J-6
MS-16

RE: US Nuclear Regulatory Commission Radioactive Materials License # 29-28341-02MD

03031972

Dear Ms. Ullrich;

We are in receipt of your letter dated 10 October 2006, please allow this letter to serve as the answers to the questions;

1. A completed NRC Form 313A can be found in Attachment A.
2. Contact telephone number and fax for Mr. Anthony Ponterio is as follows:
Telephone - 973-533-9109
Fax - 973-533 1116

Should you have any additional questions, please feel free to contact me at 609-514-6647.

Sincerely,



Richard A. Hughes
Corporate Radiation Safety Officer

ATTACHMENT A

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)

ANTHONY BENTERID, RADIATION SAFETY OFFICER

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

NEW JERSEY

3. CERTIFICATION

Specialty Board	Category	Month and Year Certified
BOARD OF PHARMACY		11/1981

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	PURDUE UNIVERSITY WEST LAFAYETTE, IN	80	JUNE 2001
Radiation Protection	"	56	JUNE 2001
Mathematics Pertaining to the Use and Measurement of Radioactivity	"	24	JUNE 2001
Radiation Biology	"	27	JUNE 2001
Chemistry of Byproduct Material for Medical Use	"	36	JUNE 2001
OTHER			

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
<i>See ATTACHED</i>			

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
<i>WA</i>					

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 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 35.490)
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 JOHN MARZOCCA the RSO for License No. 29-28341-02MD

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 _____ who meets requirements for Authorized Medical Physicists; and

YES Completed 1-year of full-time work experience (for areas identified in item 5a) 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
JOHN MARZOCCA

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) _____

D. Address
GE HEALTHCARE
1 NAYLON PLACE
LIVINGSTON N.J. 07039

E. Materials License Number
29-28341-02MD

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 10 CFR 35.980 and is competent to independently operate a nuclear pharmacy.
 N/A

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

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

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 _____ or equivalent Agreement State requirements to be a preceptor authorized _____ for the following uses (or units) of byproduct material: _____

A. Address GE HEALTHCARE
1 NAYLON PLACE
LIVINGSTON N.J. 07039

B. Materials License Number
29-28341-02MD

C. NAME OF PRECEPTOR (print clearly)
JOHN MARZOCCA

D. SIGNATURE -- PRECEPTOR


E. DATE
10/17/02

Figure A-2

DOCUMENTING EXPERIENCE HANDLING RADIOISOTOPES
 (Actual Use of Radioisotopes Under the Supervision of an Authorized User)

Name Anthony Ponterio

ISOTOPE	MAXIMUM AMOUNT USED AT ONE TIME	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE (actual clock hours)	TYPE OF USE (see key below)
Ba133	150uCi	Nycomed amersham 1 Naylon Place Livingston NJ 07039	15	1,2,4
Ce137	170uCi.		15	1,2,4
Cr51	300uci		15	1,3,4,5
Co 57	10mCi		15	1,2,4,5
ga67	300mCi		40	1,3,4,5
In111	6mCi		20	1,3,4,5
I 123	20nCi		40	1,3,4,5
I 131	150mCi		40	1,3,4,5
Mo99	16Ci		20	1,3,4,5
Sr89	20mCi		5	1,2,3,4,5
Tc99m	16Ci		250	1,3,4,5,6
Tl201	300mCi		50	1,3,4,5
xel133	700mCi		20	1,3,4,5
			545	

Key for Type of Use

The number or numbers entered under "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 properly using 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 the eluate for technetium-99m and for molybdenum-99, and processing the eluate with reagent kits to prepare technetium-99m-labeled radiopharmaceuticals.