CONVERSATION RECORD		TIME: 9:10 am	DATE: 11/16/06	
TYPE UVISIT CONFERENCE X TELEPHONE INCOMING X OUTGOING				
NAME OF PERSON(S) CONTACTED OR IN CONTACT ORGANI WITH YOU		ZATION (Office, dept., bureau, etc.)		TELEPHONE NO.
Petos		oskey Cardiology oskey, Michigan		231-487-2430
SUBJECT				
Clarification of Report of Loss of Licensed Material, dated 11/7/06				
SUMMARY				
I contacted Mr. Carson to clarify a statement he made in the report dated 11/7/06 regarding a loss of 15 mCi of Tc-99m-sestamibi on 10/16/06.				
The report stated that "Employees working in the area were questioned about the incident the morning of the event and had knowledge of the missing material." However, he stated during our conversation that this statement should have been that the employees had no knowledge of the missing material.				
He further stated that since this incident, on one occasion, he had miscounted the number of doses in a shipping box because of the placement of the doses in the box. Because of this, he believed that he had most likely made the same mistake the day of the event, and that the dose was not received from the radiopharmacy.				
ACTION REQUIRED				
None.				
NAME OF PERSON DOCUMENTING CONVERSATION	SIGNATUR	RE		DATE
Geoffrey M. Warren				11/16/06
ACTION TAKEN				
N/A				
SIGNATURE	TITLE		ı	DATE