

The Reading Hospital and Medical Center



Br.1

Sandra Gabriel
Senior Health Physicist
Division of Nuclear Materials Safety
USNRC, Region I
475 Allendale Rd.
King of Prussia, PA 19406

11-28-06

NOV 30 PM 1:24

RECEIVED
REGION I

Dear Ms. Gabriel,

03002960

Please amend our byproduct material license 37-00485-04 to include a new authorized medical physicist under 10 CF 35.53:

Zhongmin Wang, Ph.D. has completed his training and experience in preparation to supervise the use of byproduct materials used in radiation oncology, including Ir-192, in our Varian HDR afterloader, for calibrations, spot-checks, and training; as well as Sr-90 for instrument calibration. Please find enclosed the NRC 313M forms from both of his preceptors to validate this training and experience.

Sincerely,

Carl Seidl
Vice President
Reading Hospital and Medical Center

**MEDICAL USE TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**

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 regulation (10 CFR Part 35)

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

Zhongmin Wang, Ph.D. Authorized Medical Physicist, 10 CFR 35.53

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

3. CERTIFICATION

- a. Provide a copy of the board certification. (Stop here if applying under 10 CFR Part 35, Subpart J or 35.590(a); continue if applying under other subparts.)
- b. Provide documentation in appropriate items 4 through 10 of training or clinical case work required by 35.50(e); 35.51(c); 35.290(c)(1)(ii)(G) for AU seeking 35.200 authorization; 35.390(b)(1)(ii)(G); 35.396(d)(1) and 35.396(d)(2); 35.590(c); or 35.690(c).
- c. Provide completed Part II Preceptor Attestation, Items 11a through 11d.
Stop here after completing items 3a, 3b, and 3c when using board certification to meet 10 CFR Part 35 training and experience requirements.

4. INDIVIDUALS IDENTIFIED ON A LICENSE OR PERMIT AS RADIATION SAFETY OFFICERS (RSO), AUTHORIZED USERS (AU), AUTHORIZED MEDICAL PHYSICISTS (AMP), OR AUTHORIZED NUCLEAR PHARMACISTS (ANP) SEEKING ADDITIONAL AUTHORIZATIONS

- a. Provide a copy of the license or broadscope permit listing the current authorization **and** (b) or (c)
- b. Complete items 6c (and 10 when training is provided by an RSO, AMP, ANP, or AU) and preceptor items 11b through 11d to meet requirements for: RSO in 35.50(c)(2) or 35.50(e); or AU in 35.290(c)(1)(ii)(G) or 35.390(b)(1)(ii)(G) or 35.590(c) or 35.690(c); or AMP under 35.51(c).
- c. Complete items 5, 6a, 6b, 10, and Preceptor items 11a through 11d to meet AU requirements in 35.396(a).

5. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology			
Chemistry of Byproduct Material for Medical Use			
OTHER			

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

6a. WORK OR PRACTICAL EXPERIENCE WITH RADIATION

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
I-125 Prostate seed implants	Rene J. Smith, Ph.D.	The Reading Hospital and Medical Center 37-00485-04	10 clock hours
External beam: Varian CL 2100C, CL 211EX, Trilogy 6 MV, 18 MV, 23 MV	Rene J. Smith, Ph.D.	The Reading Hospital and Medical Center 37-00485-04	May 16 '05 to present
H.D.R. Ir-192	Rene J. Smith, Ph.D.	The Reading Hospital and Medical Center 37-00485-04 (TRHMC)	May 16 '05 to present

6b. SUPERVISED CLINICAL CASE EXPERIENCE (describe experience elements in 6a)

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
I-125	Prostate Seed	8	Rene Smith, Ph.D.	TRHMC	May '05 - Present
Ir-192 HDR	HDR	15	Rene Smith, Ph.D.	TRHMC	May '05 - Present

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

6c. TRAINING FOR SECTIONS 35.50(e), 35.51(c), 35.590(c), or 35.690(c)

Training Element	Type of Training *	Location and Dates
H.D.R. Varian Varisource 200	Varian (vendor)	The Reading Hospital and Medical Center January 20, 2006
H.D.R. Varian Varisource 200	Supervised by Rene J. Smith, Ph.D.	The Reading Hospital and Medical Center May 16, 2005 - present

* Types of training may include supervised (complete item 10 for 35.50(e), 35.51(c), and 35.690(c)), didactic, or vendor training.

7. FORMAL TRAINING Physicians (for uses under 35.400 and 35.600) and Medical Physicists

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)
Ph.D. Physics, The State University of New York, Stony Brook, L.I., NY		August 1996 to Marchm 2004	

8. RADIATION SAFETY OFFICER (RSO) -- ONE-YEAR FULL-TIME EXPERIENCE

- YES Completed 1 year of full-time radiation safety experience (in areas identified in item 6a) under supervision.
- N/A of _____ the RSO for License No. _____

9. MEDICAL PHYSICIST -- ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

- YES Completed 1 year of full-time training (for areas identified in item 6a) in therapeutic radiological physics (35.961) or medical physics (35.51) under the supervision of _____
- N/A who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51);

and

- YES Completed 1 year of full-time work experience (at location providing radiation therapy services described and for topics identified in item 6a) for (specify use or device) H.D.R.
- N/A under the supervision of Rene J. Smith, Ph.D. who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) Varian Varisource

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

10. 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 Part 35, provide the following information for each) :

A. Name of Supervisor

Rene J. Smith, Ph.D.

B. Supervisor is:

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) 35.51

for medical uses in Part 35, Section(s) 35.490 and 35.690

D. Address

The Reading Hospital and Medical Center
6th Ave and Spruce St.
West Reading, Pa 19611

E. Materials License Number

37-00485-04

PART II -- PRECEPTOR ATTESTATION

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 training requirements in 35.590 or Part 35, Subpart J (except 35.980).

I attest the individual named in Item 1:

11a.

has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) 35.51, 35.490, 35.690, as documented in section(s) 6a and 6c of this form.

11b. Select one

meets the requirements in 35.50(e) 35.51(c) 35.390(b)(1)(ii)(G) 35.690(c) for H.D.R. types of use, as documented in section(s) 6a and 6c of this form.

N/A

11c.

has achieved a level of competency sufficient to independently operate a nuclear pharmacy (for 35.980); **or**

has achieved a level of competency sufficient to function independently as an authorized medical physicist for H.D.R. uses (or units); **or**

has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety Officer for a medical use licensee; **or**

N/A

11d.

I am an Authorized Nuclear Pharmacist; **or** I am a Radiation Safety Officer; **or**

I meet the requirements of 35.53, 35.490, 35.690 section(s) of 10 CFR Part 35

or equivalent Agreement State requirements to be a preceptor AU or AMP

for the following byproduct material uses (or units): Varian Varisource 200

A. Address

The Reading Hospital and Medical Center
Radiation Oncology Department
6th Ave and Spruce St.
West Reading, Pa 19611

B. Materials License Number

37-00485-04

C. NAME OF PRECEPTOR (print clearly)

Rene J. Smith, Ph.D.

D. SIGNATURE -- PRECEPTOR

Rene J. Smith

E. DATE

08/16/2006

Compare to submit

	Varian Brachytherapy
AL25244000 - VariSource 200 Series Customer Emergency Training Course	

1 Introduction

The following information is to be presented to the site Radiation Safety Officer (RSO), authorized user and the medical physicist and provides an overview of the VariSource safety features and emergency responses. This training does not represent clinical or applications training.



US ONLY:

During all patient treatments, the authorized user and either a medical physicist or the site Radiation Safety Officer must be physically present (see U.S. NRC Bulletin 93-01, April 20, 1993).

The site Radiation Safety Officer shall be responsible for the formal radiation safety training as required by site policy and local regulatory requirements.

For the VariSource 200t model, this course shall be conducted with relevant personnel at all operational sites.

2 Regulatory Compliance / Site Specific Issues

It is the responsibility of the site to ensure regulatory compliance through the provision of, maintenance and adequate testing of safety equipment and facilities.

Feature	Available	
Independent Treatment Room Radiation Monitor	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Slave Radiation Monitor in Console Area	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Beam on lamps	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Calibrated Survey Meter	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Patient Video Monitoring	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Patient Audio Monitoring	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Emergency Lighting in Treatment Room	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Emergency Lighting in Console Area	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
VariSource Emergency Procedures on Display	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
VariSource 24hr. Emergency Dispatch or Regional Service Office Phone Number Displayed	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

3 VariSource Safety Features

Confirm that the location of the following features and the correct operation where required.

Three position key switch on Console (Lock, On, Treat)	Confirmed	<input checked="" type="checkbox"/>
Two position key switch on Afterloader (Lock, Treat)	Confirmed	<input checked="" type="checkbox"/>
STOP switch on Afterloader, Wall Box and Console Box	Confirmed	<input checked="" type="checkbox"/>
Emergency Stop Switch	Confirmed	<input checked="" type="checkbox"/>
Treatment Room Door Interlock Switch	Confirmed	<input checked="" type="checkbox"/>
Last Man Out Switch	Confirmed	<input checked="" type="checkbox"/>
UPS for Afterloader and Console	Confirmed	<input checked="" type="checkbox"/>
Afterloader self-contained Emergency Retract Batteries	Confirmed	<input checked="" type="checkbox"/>
User mode Passwords (System access and Physics mode)	Confirmed	<input checked="" type="checkbox"/>
Unique 5 digit Password to deliver patient treatment	Confirmed	<input checked="" type="checkbox"/>
Afterloader Radiation Detector (with battery back-up)	Confirmed	<input checked="" type="checkbox"/>
Afterloader Active Wire Lock and status indicator (200t only)	Confirmed	<input type="checkbox"/> <i>NA</i>
Closed-end catheters and applicators	Confirmed	<input checked="" type="checkbox"/>
Importance Of Containment Issues Discussed	Confirmed	<input checked="" type="checkbox"/>

4 Retract Operations / Conditions

There are three separate levels of Active Wire retract condition on the *VariSource* 200 Series Afterloader.

4.1 Main (Normal) Retract

A Stepper Motor retract occurs due to treatment completion, treatment interruption, or as a result of a non-emergency error.

Confirmed

4.2 D.C. Motor Emergency Retract

Engagement of the Emergency Retract Motor is initiated by a self-detected emergency condition or as a result of Main (Normal) Retract failure, such as failing to park the Active Source wire.

Confirmed



The Emergency Retract Motor will operate until the Active wire reaches the parked position or until the Afterloader Retract Battery is drained. Site

personnel are advised that the source may continue moving back into the Afterloader anytime that the hand wheel is turning.

4.3 Active Source Wire Manual Retract Handwheel

The manually operated Active Source Wire Emergency Retract Handwheel is provided in the event that the Afterloader fails to retract the Active wire to the parked position:

- Active Source Wire Only (Not for Dummy Wire Manual Retract) Confirmed
- Maximum of 12 Turns or until Radiation Detector is silenced Confirmed

5 Emergency Procedures



It is essential that the user familiarize themselves with and regularly rehearse the procedures outlined below.

Refer to the VariSource 200 Series User Manual and relevant User Manual Amendment sheets for relevant Emergency Procedures.

Confirmed

With an **Inactive** wire installed, VariSource personnel will disconnect the Emergency Retract Batteries extend the Inactive wire to 150.0cm under Diagnostic Mode, and remove A/C power, leaving the **Inactive** wire extended.

Each site-designated person will perform a manual retract of the wire by turning the Emergency Handwheel until the wire is in the safe and parked position.

Confirmed

6 Emergency Procedures

Varian Oncology Systems must be immediately notified by phone and provide a written account of the occurrence as soon as possible when any activity related emergency is encountered during the use VariSource equipment.

U.S. Contact:

24 Hours VariSource Dispatch (800) 864-1672

VBT North America Customer Support Manager
Charlottesville, VA
Ph: 434-977-8495, Extension 239

VBT Radiation Safety Officer
Varian Brachytherapy
Charlottesville, VA
Ph: 434-977-8495, Extension 275

Confirmed

	Varian Brachytherapy AL25244000 - <i>VariSource</i> 200 Series Customer Emergency Training Course
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International Sites Contact:

The Regional Service Office as applicable.

Confirmed

7 Acknowledgment of course demonstration

To be copied to each member of site personnel attending training course.

Institution Name READING HOSPITAL AND MEDICAL CTR
 Address 6th Ave and Spruce West Reading, PA
 VariSource Afterloader Serial Number 600368
 Date on which training completed 1-20-06

VariSource Representative

Print Michael Huska II
 Sign [Signature]

Customer Representative(s):

<u>ZHONGMIN WANG</u> Print	<u>[Signature]</u> Sign	<u>Physicist</u> Position
<u>AUDREY NITTINGER</u> Print	<u>[Signature]</u> Sign	<u>RAD. THERAPIST</u> Position
<u>CHANDRASEKHAR KOTA</u> Print	<u>[Signature]</u> Sign	<u>Physicist</u> Position
<u>SUSAN SYMONDS</u> Print	<u>[Signature]</u> Sign	<u>RAD THERAPY - STUDENT</u> Position
<u>Richard Crowover</u> Print	<u>[Signature]</u> Sign	<u>Physician</u> Position
_____ Print	_____ Sign	_____ Position

7 Acknowledgment of course demonstration

To be copied to each member of site personnel attending training course.

Institution Name READING HOSPITAL & MEDICAL CTR

Address 6th Avenue Spruce St. West Reading PA

VariSource Afterloader Serial Number 600368

Date on which training completed 1-20-06

VariSource Representative

Print

Michael Haskell

Sign

[Signature]

Customer Representative(s):

<u>ROBYN ERBY</u> Print	<u>[Signature]</u> Sign	<u>Therapist</u> Position
<u>Meagan Vincent</u> Print	<u>Meagan Vincent</u> Sign	<u>Therapist</u> Position
<u>Robert Lehman</u> Print	<u>Robert Lehman</u> Sign	<u>therapist</u> Position
<u>ALBERT YUEN</u> Print	<u>[Signature]</u> Sign	<u>RAD Oncologist</u> Position
<u>Rene Smith</u> Print	<u>[Signature]</u> Sign	<u>Physicist</u> Position
<u>John F House</u> Print	<u>[Signature]</u> Sign	<u>Physicist</u> Position
<u>Michael Haas</u> Print	<u>[Signature]</u> Sign	<u>Radiation Oncologist</u> Position
_____ Print	_____ Sign	_____ Position
_____ Print	_____ Sign	_____ Position



Varian Brachytherapy

AL25244000 - VariSource 200 Series Customer Emergency Training Course

Amendment Record

Issue	Incorp. by	Date	Pages affected	ECO No.
1	C Leak	04/2002	New Document, was previously TM59493000	EC9606
2	C Leak	11/2004	3. Emergency Stop Switch test added 4.3 Manual Retract – clarification of usage 5. Removed reference to AL25240000 – Emergency and Safety Instructions For VS2000 Source Wires Used In VariSource HDR Afterloaders 6. Updated contact details	EC12004

**MEDICAL USE TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**

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 regulation (10 CFR Part 35)

1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)

Zhongmin Wang, Ph.D. Authorized Medical Physicist 10 CFR 35.51

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

3. CERTIFICATION

- a. Provide a copy of the board certification. *(Stop here if applying under 10 CFR Part 35, Subpart J or 35.590(a); continue if applying under other subparts.)*
- b. Provide documentation in appropriate items 4 through 10 of training or clinical case work required by 35.50(e); 35.51(c); 35.290(c)(1)(ii)(G) for AU seeking 35.200 authorization; 35.390(b)(1)(ii)(G); 35.396(d)(1) and 35.396(d)(2); 35.590(c); or 35.690(c).
- c. Provide completed Part II Preceptor Attestation, Items 11a through 11d.
Stop here after completing items 3a, 3b, and 3c when using board certification to meet 10 CFR Part 35 training and experience requirements.

4. INDIVIDUALS IDENTIFIED ON A LICENSE OR PERMIT AS RADIATION SAFETY OFFICERS (RSO), AUTHORIZED USERS (AU), AUTHORIZED MEDICAL PHYSICISTS (AMP), OR AUTHORIZED NUCLEAR PHARMACISTS (ANP) SEEKING ADDITIONAL AUTHORIZATIONS

- a. Provide a copy of the license or broadscope permit listing the current authorization **and** (b) or (c)
- b. Complete items 6c (and 10 when training is provided by an RSO, AMP, ANP, or AU) and preceptor items 11b through 11d to meet requirements for: RSO in 35.50(c)(2) or 35.50(e); or AU in 35.290(c)(1)(ii)(G) or 35.390(b)(1)(ii)(G) or 35.590(c) or 35.690(c); or AMP under 35.51(c).
- c. Complete items 5, 6a, 6b, 10, and Preceptor items 11a through 11d to meet AU requirements in 35.396(a).

5. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology			
Chemistry of Byproduct Material for Medical Use			
OTHER			

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

6a. WORK OR PRACTICAL EXPERIENCE WITH RADIATION

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
HDR procedures with Nucletron Microselectron HDR unit / Ir-192	Krishna Komanduri, Ph.D.	UPMC Shadyside Hospital	Mar 2004 - May 2005
External Beam Radiation Therapy with Varian 6/23 MV Linac	Krishna Komanduri, Ph.D.	UPMC Shadyside Hospital	Mar 2004 - May 2005
I-125 prostate seed implant	Krishna Komanduri, Ph.D.	UPMC Shadyside Hospital 37-02523-03	Mar 2004 - May 2005
		<i>Reviewed by NRC 908 37-02523-03</i>	

6b. SUPERVISED CLINICAL CASE EXPERIENCE (describe experience elements in 6a)

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
Ir-192	HDR	10	Krishna Komanduri, Ph.D.	UPMC Shadyside Hosp.	Mar '04 - May '05
I-125	Prostate Seed Implant	10	Krishna Komanduri, Ph.D.	UPMC, Shadyside Hosp.	Mar '04 - May '05

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

6c. TRAINING FOR SECTIONS 35.50(e), 35.51(c), 35.590(c), or 35.690(c)

Training Element	Type of Training *	Location and Dates
HDR procedures	Supervised by Krishna Komanduri, Ph.D.	UPMC Shadyside Hospital March 04 - May 05
Nucletron Microselectron HDR Training	Nucletron (Vendor)	UPMC Shadyside Hospital 6/7/2004

* Types of training may include supervised (complete item 10 for 35.50(e), 35.51(c), and 35.690(c)), didactic, or vendor training.

7. FORMAL TRAINING Physicians (for uses under 35.400 and 35.600) and Medical Physicists

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)
Ph.D. in Physics	Department of Physics & Astronomy, State University of New York at Stony Brook	August 1996 - March 2004	

8. RADIATION SAFETY OFFICER (RSO) -- ONE-YEAR FULL-TIME EXPERIENCE

YES Completed 1 year of full-time radiation safety experience (in areas identified in item 6a) under supervision.
 N/A of _____ the RSO for License No. _____

9. MEDICAL PHYSICIST -- ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE

YES Completed 1 year of full-time training (for areas identified in item 6a) in therapeutic radiological physics (35.961) or medical physics (35.51) under the supervision of Krishna Komanduri, Ph.D.
 N/A who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51);

and

YES Completed 1 year of full-time work experience (at location providing radiation therapy services described and for topics identified in item 6a) for (specify use or device) _____
 N/A under the supervision of _____ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) _____

MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

10. 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 Part 35, provide the following information for each) :

A. Name of Supervisor

Krishna Komanduri, Ph.D.

B. Supervisor is:

Authorized User

Authorized Medical Physicist

Radiation Safety Officer

Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s)

35.51

for medical uses in Part 35, Section(s)

35.490 and 35.690

D. Address

Dept. of Radiation Oncology, UPMC Shadyside Hospital
5230 Centre Ave.
Pittsburgh, PA 15232

E. Materials License Number

37-02523-03

x [Signature]

PART II -- PRECEPTOR ATTESTATION

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 training requirements in 35.590 or Part 35, Subpart J (except 35.980).

I attest the individual named in Item 1:

11a.

has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) 35.51, 490, 690 as documented in section(s) 6a+6c of this form.

11b. Select one

meets the requirements in 35.50(e) 35.51(c) 35.390(b)(1)(ii)(G) 35.690(c) for HDR types of use, as documented in section(s) _____ of this form.

N/A

11c.

has achieved a level of competency sufficient to independently operate a nuclear pharmacy (for 35.980); **or**

has achieved a level of competency sufficient to function independently as an authorized medical physicist for HDR uses (or units); **or**

has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety Officer for a medical use licensee ; **or**

N/A

11d.

I am an Authorized Nuclear Pharmacist; **or** I am a Radiation Safety Officer; **or**

I meet the requirements of 35.51, 490, 690 section(s) of 10 CFR Part 35

or equivalent Agreement State requirements to be a preceptor AU or AMP

for the following byproduct material uses (or units): HDR Nucletron Microselection

A. Address

Dept. of Radiation Oncology
UPMC Shadyside Hospital
5230 Centre Ave.
Pittsburgh, PA 15232

B. Materials License Number

37-02523-03

x [Signature]

C. NAME OF PRECEPTOR (print clearly)

Krishna Komanduri, Ph.D.

D. SIGNATURE -- PRECEPTOR

X

E. DATE

X 8/16/06

Transmit report

P.1

06/07/2004 02:56
26NE25501
TC:132098

REMOTE STATION	START	TIME	Pages	RESULT	REMARKS
914103124196	06-07 02:56	00:00 22	001/001	OK	

REMARKS TMR:Timer, POL:Poll, TRN:Turn around, 2IN:2in1 Tx, ORG:Original size set, DPG:Book Tx
 FME:Frame erase Tx, MIX:Mixed original, CALL:Manual-Com, KRDS:KRDS, FWD:FORWARD
 FLP:Flip Side 2, SP:Special Original
 FCODE:Fcode, MBX:Confidential, BUL:Bulletin, RLY:Relay, RTX:Re-Tx, PC:PC-FAX
 S-OK:Stop communication, Busy:Busy, Cont.:Continue, No ans:No answer
 M-full:Memory full, PW-OFF:Power switch OFF, TEL:Rx from TEL



Nucletron

NUCLETRON CORPORATION
 7080 Columbia Gateway Drive
 Columbia, MD 21045-2133

Telephone: 410-312-4100
 Toll Free: 800-336-2249
 Canada Toll Free: 800-445-2249
 FAX: 410-312-4195

NUCLETRON TRAINING SEMINAR ATTENDANCE REGISTRATION

Hospital: Shady side Date: 6-7-04
 Course: MFR Classic
 Instructor: Paul E. Glassner

NAME	DEPARTMENT	TITLE	SIGNATURE
Robert M. Males	Rad onc	RTT	<i>Robert M. Males</i>
Zhongmin Wang	Rad Onc	Physics R.A.	<i>Zhongmin Wang</i>
Arthur Cava	Rad Onc	RTT	<i>Arthur Cava</i>
Zhen Zheng	Rad Onc	Physicist	<i>Zhen Zheng</i>
Hungcheng Chen	Rad Onc	Physicist	<i>Hungcheng Chen</i>

I certify that the above individuals have been instructed in Equipment Operation, Safety Precautions and Emergency Procedures in accordance with Nucletron Corporation Training Standards.

Instructor Signature: *Paul E. Glassner*
 Instructor Title: Paul E. Glassner
 Date: 6-7-04

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

11/28/2006, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 37-00495-04 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 139788.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.