

## Diabetes & Endocrinology Specialists, Inc.

222 S. Woodsmill Rd.  
Suite 410 North  
Chesterfield, MO 63017  
Office: (314) 469-6224  
Exchange: (314) 812-7676  
Fax: (314) 469-0744

Norman Fishman, M.D.  
Ralph Oiknine, M.D.

Board Certified in Internal Medicine  
Board Certified in Endocrinology

November 30, 2006

Materials Licensing Section  
U.S. Nuclear Regulatory Commission Region 111  
2443 Warrenville Rd, Suite 210  
Lisle, IL 60532-4352

Re: License # 24-32598-01

To Whom It May Concern:

Please find enclosed Form 314 plus a copy of our Safety Inspection Report & Compliance Inspection Form 591 for radioactive material. As noted, we have never used radioactive material per the inspection. We want to suspend our license. Please contact me at 314-469-6224 when this has been accomplished.

Thank you,

A handwritten signature in black ink, appearing to be 'N. Fishman', with a long horizontal line extending to the right.

Norman Fishman, M.D.

RECEIVED DEC 07 2006

NRC FORM 314

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0028

EXPIRES: 06/30/2007

(5-2004)  
10 CFR 30.36(j)(1); 40.42(j)(1);  
70.39(j)(1); and 72.54(j)(1)

Estimated burden per response to comply with this mandatory collection request 30 minutes. This submittal is used by NRC as part of the basis for its determination that the facility is released for unrestricted use. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F52), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to [infocollect@nrc.gov](mailto:infocollect@nrc.gov), and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0028), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

## CERTIFICATE OF DISPOSITION OF MATERIALS

LICENSEE NAME AND ADDRESS

DIABETES AND ENDOCRINOLOGY SPECIALISTS, INC.  
225 SOUTH WOODSMILL ROAD, SUITE 410 NORTH  
ST. LOUIS, MISSOURI 63017

LICENSE NUMBER

24-32598-01

DOCKET NUMBER

03037040

LICENSE EXPIRATION DATE

NOVEMBER 2006

- ☐ This license has expired. ☐ This license has not yet expired; please terminate it.

## B. DISPOSAL OF RADIOACTIVE MATERIAL

(Check the appropriate boxes and complete as necessary. If additional space is needed, provide attachments)

The licensee, or any individual executing this certificate on behalf of the licensee, certifies that:

- ☒ 1. No radioactive materials have ever been procured or possessed by the licensee under this license.
- ☐ 2. All activities authorized by this license have ceased, and all radioactive materials procured and/or possessed by the licensee under this license number cited above have been disposed of in the following manner:
- ☐ a. Transfer of radioactive materials to the licensee listed below:
- ☐ b. Disposal of radioactive materials:
- ☐ 1. Directly by the licensee:
- ☐ 2. By licensed disposal site:
- ☐ 3. By waste contractor:
- ☐ c. All radioactive materials have been removed such that any remaining residual radioactivity is within the limits of 10 CFR Part 20, Subpart E, and is ALARA.

## C. SURVEYS PERFORMED AND REPORTED

- ☒ 1. A radiation survey was conducted by the licensee. The survey confirms:
- ☒ a. the absence of licensed radioactive materials
- ☐ b. that any remaining residual radioactivity is within the limits of 10 CFR 20, Subpart E, and is ALARA.
- ☒ 2. A copy of the radiation survey results:
- ☒ a. is attached; or ☐ b. is not attached (Provide explanation); or ☐ c. was forwarded to NRC on: \_\_\_\_\_ Date \_\_\_\_\_
- ☐ 3. A radiation survey is not required as only sealed sources were ever possessed under this license, and
- ☐ a. The results of the latest leak test are attached; and/or ☐ b. No leaking sources have ever been identified.

The person to be contacted regarding the information provided on this form:

NAME: NORMAN FISHMAN. TITLE: M.D. TELEPHONE (Include Area Code): 314-469-6224 E-MAIL ADDRESS: [metabnet@aol.com](mailto:metabnet@aol.com)

Mail all future correspondence regarding this license to:

225 SOUTH WOODSMILL ROAD, ST. LOUIS, MO. 63017, SUITE 410 NORTH

## C. CERTIFYING OFFICIAL

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

PRINTED NAME AND TITLE

NORMAN FISHMAN MD

SIGNATURE

Norm Fishman MD

DATE

8/1/06

WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECT. 18 U.S.C. SECTION 1001 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.

NRC FORM 591M PART 3 (10-2003) 10 CFR 2.201		U.S. NUCLEAR REGULATORY COMMISSION	
<b>Docket File Information</b> <b>SAFETY INSPECTION REPORT</b> <b>AND COMPLIANCE INSPECTION</b>			
1. LICENSEE <b>Diabetes and Endocrinology Specialists, Inc.</b>		2. NRC/REGIONAL OFFICE <b>Region III</b>	
REPORT NUMBER(S) <b>2006-001</b>			
3. DOCKET NUMBER(S) <b>030-37040</b>	4. LICENSE NUMBER(S) <b>24-32598-01</b>	5. DATE(S) OF INSPECTION <b>September 19, 2006</b>	
6. INSPECTION PROCEDURES USED <b>87131</b>	7. INSPECTION FOCUS AREAS <b>03.01 - 03.08</b>		
<b>SUPPLEMENTAL INSPECTION INFORMATION</b>			
1. PROGRAM CODE(S) <b>02200</b>	2. PRIORITY <b>3</b>	3. LICENSEE CONTACT <b>Ralph Oiknine, M.D., RSO</b>	4. TELEPHONE NUMBER <b>314-469-6224</b>
<input checked="" type="checkbox"/> Main Office Inspection		Next Inspection Date: <b>Sept. 2007</b>	
<input type="checkbox"/> Field Office			
<input type="checkbox"/> Temporary Job Site			
<b>PROGRAM SCOPE</b>			
<p>This was an initial inspection of activities performed under this NRC license. However, the licensee had not yet begun licensed operations or acquired material under this license, and had no plans to do so in the near future. Because of this, in accordance with MC 2800, the next inspection was set at one year.</p> <p>Licensee was a clinic located in the North Medical Building at St. Luke's Hospital in Chesterfield, Missouri, that was licensed to perform activities under Section 35.100 and 35.300, limited to iodine-131. The facility was as described in the license application. Licensee had hired a consultant to ensure that, if licensed activities are commenced, all license and regulatory requirements will be met.</p>			

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NRC FORM 591M PART 1 (10-2003) 10 CFR 2.201		U.S. NUCLEAR REGULATORY COMMISSION													
SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION															
1. LICENSEE/LOCATION INSPECTED: Diabetes and Endocrinology Specialists, Inc. Suite 410 North 222 South Woodsmill Rd. Chesterfield, Missouri 63017 REPORT 2006-001		2. NRC/REGIONAL OFFICE  REGION III US NUCLEAR REGULATORY COMMISSION 2443 WARRENVILLE ROAD, SUITE 210 LISLE, ILLINOIS 60532													
3. DOCKET NUMBER(S) 030-37040	4. LICENSEE NUMBER(S) 24-32598-01	5. DATE(S) OF INSPECTION September 19, 2006													
<b>LICENSEE:</b> <p>The inspection was an examination of the activities conducted under your license as they relate to radiation safety and to compliance with the Nuclear Regulatory Commission (NRC) rules and regulations and the conditions of your license. The inspection consisted of selective examinations of procedures and representative records, interviews with personnel, and observations by the inspector. The inspection findings are as follows:</p> <p><input checked="" type="checkbox"/> 1. Based on the inspection findings, no violations were identified.</p> <p><input type="checkbox"/> 2. Previous violation(s) closed.</p> <p><input type="checkbox"/> 3. The violation(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was or is being taken, and the remaining criteria in the NRC Enforcement Policy, NUREG-1600, to exercise discretion, were satisfied.</p> <p>_____ Non-Cited Violation(s) was/were discussed involving the following requirement(s) and Corrective Action(s):</p> <p><input type="checkbox"/> 4. During this inspection certain of your activities, as described below and/or attached, were in violation of NRC requirements and are being cited. This form is a NOTICE OF VIOLATION, which may be subject to posting in accordance with 10 CFR 19.11.</p> <p>(Violations and Corrective Actions)</p>															
<b>Licensee's Statement of Corrective Actions for Item 4, above.</b> <p>I hereby state that, within 30 days, the actions described by me to the inspector will be taken to correct the violations identified. This statement of corrective actions is made in accordance with the requirements of 10 CFR 2.201 (corrective steps already taken, corrective steps which will be taken, date when full compliance will be achieved). I understand that no further written response to NRC will be required, unless specifically requested.</p> <table border="1"><thead><tr><th>Title</th><th>Printed Name</th><th>Signature</th><th>Date</th></tr></thead><tbody><tr><td>LICENSEE'S REPRESENTATIVE</td><td></td><td></td><td></td></tr><tr><td>NRC INSPECTOR</td><td>Geoffrey M. Warren</td><td><i>Geoffrey M. Warren</i></td><td>9/19/06</td></tr></tbody></table>				Title	Printed Name	Signature	Date	LICENSEE'S REPRESENTATIVE				NRC INSPECTOR	Geoffrey M. Warren	<i>Geoffrey M. Warren</i>	9/19/06
Title	Printed Name	Signature	Date												
LICENSEE'S REPRESENTATIVE															
NRC INSPECTOR	Geoffrey M. Warren	<i>Geoffrey M. Warren</i>	9/19/06												

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**Diabetes & Endocrinology Specialists, Inc.**  
222 South Woods Mill Road, Suite 410 North  
Chesterfield, Missouri 63017



7003 3110 0000 0106 0143



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE  
**CERTIFIED MAIL™**

Materials Licensing Section  
U.S. Nuclear Regulatory Commission Region III  
2443 Warrenton Rd., Suite 210  
Lisle, IL 60532-4352

60532-4352 0021

