



MARQUETTE GENERAL HEALTH SYSTEM

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April 17, 2007

Nuclear Materials Licensing Branch
Nuclear Regulatory Commission Region III
2443 Warrenville Road Suite 210
Lisle, IL 60532-4352

Re: Materials License No. 21-05432-04

This letter is to request the addition of Dr. Marina Ananich to our materials license given above. Please authorize her for 35.200 and 35.300 uses. Enclosed are copies of her medical license, board certification and preceptor statements.

If you have further questions, please contact Shan Marlette, R.S.O. at (906) 225-3102 or fax number (906) 225-3772.

Sincerely,

William Nemacheck, CEO

RECEIVED APR 24 2007

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE. P.O. BOX 30018
REVERSE SIDE OF LICENSE CONTAINS IMPORTANT INFORMATION. LANSING MI 48909-7518

JENNIFER M. GRANHOLM GOVERNOR	STATE OF MICHIGAN DEPARTMENT OF COMMUNITY HEALTH	L1007551
BOARD OF PHARMACY CONTROLLED SUBSTANCE LICENSE		
*THIS LICENSE VALID ONLY IF PROFESSIONAL LICENSE IS ACTIVE		
MARINA IVANOVNA ANANICH NORTHCOAST RADIOLOGY ASSOCIATES PC 420 W MAGNETIC ST MARQUETTE MI 49855		
PERMANENT I.D. NO. 5315026296	EXPIRATION DATE 01/31/2010	1861938
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DEPT OF COMMUNITY HEALTH
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MARINA IVANOVNA ANANICH

MEDICINE

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.
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LANSING MI 48909-7518

JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH

L1007192

BOARD OF MEDICINE
PHYSICIAN
LICENSE

MARINA IVANOVNA ANANICH
NORTHCOAST RADIOLOGY ASSOCIATES PC
420 W MAGNETIC ST
MARQUETTE MI 49855

PERMANENT I.D. NO. EXPIRATION DATE

4301077099 01/31/2010 1862363

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MARTNA IVANOVNA ANANICH

The American Board of Radiology

Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology, the Association of
University Radiologists, and American Association of Physicists in Medicine
Hereby certifies that

Marina Juanouna Ananich, MD

Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of
The American Board of Radiology

On this eighth day of June, 2005

Thereby demonstrating to the satisfaction of the Board
that she is qualified to practice the specialty of

Diagnostic Radiology



Certificate No. 52592

Steven A. Leibel, M.D.
President

Nicholas T. Hoppe, MD
Secretary-Treasurer

R.P. Hattery, D
Executive Director



Valid through 2015

CONFIDENTIAL



**FLORIDA DEPARTMENT OF HEALTH
BUREAU OF RADIATION CONTROL**

PRECEPTOR/APPLICANT STATEMENT

Training and experience requirements for medical use of radioactive material are specified in Part VI, Subpart I of Chapter 64E-5, Florida Administrative Code (F.A.C.) (<http://www.doh.state.fl.us/environment/radiation/>). This document is to be completed by the applicant physician, the preceptor and designated individuals at the training medical institution such as Radiation Safety Committee Chairman or other Certifying Official. Use a separate document for each preceptor providing supervision of clinical training. Only clinical training received at a medical institution is acceptable.

INSTRUCTIONS:

Applicants with Radiological Specialty Board Certification or Accreditation for Graduate Medical Education Training in Nuclear Medicine needs to complete page 1 only.

OTHERWISE:

An applicant wishing authorization only for diagnostic procedures needs to complete pages 1 – 4.
(Examples are imaging of the brain, liver, heart, lungs, etc, or thyroid uptake.)

An applicant wishing authorization only for therapy procedures needs to complete pages 2 and, 5 – 7.
(Example: treatment of thyroid cancer or hyperthyroidism, bone pain, or brachytherapy procedures to include permanent implants for treatment of prostate cancer, temporary implants for treatment of ovarian cancer, high dose rate remote afterloader devices (HDR) for treatment of ovarian caners or teletherapy sources.)

An applicant wishing authorization for both diagnostic and therapy procedures needs to complete pages 1 – 7.

	MARINA	ANANICH	I	<input checked="" type="checkbox"/> <input type="checkbox"/>	M.D. D.O.
	First	Last	MI		

RADIOLOGICAL SPECIALTY BOARD CERTIFICATION (Attach photocopy of certificate)	DATE OF CERTIFICATE
American Board of Nuclear Medicine – Nuclear Medicine	
<input checked="" type="checkbox"/> American Board of Radiology – Diagnostic Radiology, Rad. Oncology, Radiology or Therapeutic Radiology	6/8/2005
American Osteopathic Board of Radiology – Diagnostic Radiology, Radiology or Radiation Oncology	
American Osteopathic Board of Nuclear Medicine – Nuclear Medicine	
British Fellow of the Faculty of Radiology or Royal College of Radiology – Radiotherapy	
Canadian Royal College of Physicians and Surgeons – Therapeutic Radiology	
<i>An applicant with one of the above certifications is not required to complete this document if a copy of the board certificate applicable to the requested uses is provided. If the applicant has completed training in uses other than those covered by the board certification, then this document needs to be completed to show the additional training and experience</i>	

- OR -

ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) TRAINING IN NUCLEAR MEDICINE (Attach photocopies of provider certificates documenting completion of training. Some ACGME program numbers may be found using the search feature and reports tab at http://www.acgme.org/adspublic/)				
Institution Name & AGME Provider Number	Affiliated Hospital & Address	Directors Name	Director's Phone # Director's Fax #	Dates of Training From – To
			Phone: Fax	
			Phone: Fax	

- OR -

PRECEPTOR/APPLICANT STATEMENT

An applicant physician who does not hold one of the above listed board certifications or who has not completed a 6-month ACGME-accredited program **must** submit documentation of didactic training and clinical experience. Complete the following didactic training table, and then complete the subsequent pages to document clinical experience. Include all required signatures.

INSTRUCTION IN BASIC RADIONUCLIDE HANDLING TECHNIQUES (DIDACTIC TRAINING)

(Attach photocopies of any other documents such as letters or certificates that demonstrate completion of didactic training)

DIDACTIC TRAINING PROVIDER (include name, address, telephone number and radioactive material license number)	TOPICS (Required hours are for 64E-5.627 authorization: fewer hours are needed for 64E-5.626 or 64E-5.631 procedures)	TRAINING DATES FROM: – To:	TOTAL HOURS TRAINED
/	Radiation Physics and Instrumentation (15 hours required for 64E-5.626) (100 hours required for 64E-5.627) (25 hours required for 64E-5.630) (6 hours required for Sr-90 eye applicator) (110 hours required for 64E-5.632 and .634) (3 hours required for 64E-5.631)		
/	Radiation Protection (10 hours required for 64E-5.626) (30 hours required for 64E-5.627) (25 hours required for 64E-5.630) (6 hours required for Sr-90 eye applicator) (40 hours required for 64E-5.632 and .634) (2 hours required for 64E-5.631)		
/	Mathematics Pertaining to the Use and Measurement of Radioactivity (5 hours required for 64E-5.626) (20 hours required for 64E-5.627) (10 hours required for 64E-5.630) (4 hours required for Sr-90 eye applicator) (25 hours required for 64E-5.632 and .634) (3 hours required for 64E-5.631)		
/	Radiopharmaceutical Chemistry (5 hours required for 64E-5.626) (30 hours required for 64E-5.627) (No hours required for 64E-5.630) (No hours required for Sr-90 eye applicator) (No hours required for 64E-5.632 and .634) (No hours required for 64E-5.631)		
/	Radiation Biology (5 hours required for 64E-5.626) (20 hours required for 64E-5.627) (20 hours required for 64E-5.630) (8 hours required for Sr-90 eye applicator) (25 hours required for 64E-5.632 and .634) (3 hours required for 64E-5.631)		
/	TOTAL Hours from above (40 hours required for 64E-5.626) (200 hours required for 64E-5.627) (80 hours required for 64E-5.630) (24 hours required for Sr-90 eye applicator) (200 hours required for 64E-5.632 and .634) (8 hours required for 64E-5.631)		

PRECEPTOR/APPLICANT STATEMENT

NAME OF APPLICANT PHYSICIAN:	MARINA <small>First</small>	ANANICH <small>Last</small>	I <small>MI</small>	<input checked="" type="checkbox"/> M.D. <input type="checkbox"/> D.O.
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UPTAKE, DILUTION OR EXCRETION STUDIES (64E-5.626, F.A.C.)

CLINICAL TRAINING RECEIVED UNDER THE SUPERVISION OF AN AUTHORIZED USER AS SPECIFIED IN 64E-5.649(2)(b), F.A.C.	CLINICAL TRAINING HOURS
<p>Mark each box as applicable:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Examined patients and reviewed their case histories to determine their suitability for radionuclide diagnosis, including limitations or contraindications <input type="checkbox"/> Selected the suitable radiopharmaceutical and calculated and measured the dosage <input type="checkbox"/> Administered dosages to patients using syringe radiation shields <input type="checkbox"/> Performed patient follow-up 	<hr style="width: 80%; margin: 0 auto;"/> <p>(Minimum of 20 hours)</p>

IMAGING AND LOCALIZATION STUDIES (64E-5.627, F.A.C.)

Mark each box as applicable to indicate clinical experience:

RADIONUCLIDE	CARDIAC-ONLY/RENAL STUDIES
<input checked="" type="checkbox"/> Tl-201 and/or Tc-99m	Cardiac Imaging
<input checked="" type="checkbox"/> Xe-133 or Xe-127	Blood Flow Studies and Pulmonary Function Studies
<input checked="" type="checkbox"/> F-18	Cardiac Positron Emission Tomography (PET)
<input checked="" type="checkbox"/> Other:	Other Cardiac Studies
<input checked="" type="checkbox"/> Other:	Renal Studies
RADIONUCLIDE	NON-CARDIAC STUDIES
<input checked="" type="checkbox"/> F-18	Non-Cardiac Positron Emission Tomography (PET)
<input checked="" type="checkbox"/> Other:	Non-Cardiac Imaging and Localization
RADIONUCLIDE	GENERATORS AND REAGENT KITS
<input checked="" type="checkbox"/> Mo-99/Tc-99m Generator	Eluted Tc-99m from generator, assayed and tested the eluate for Mo-99 and alumina contamination as specified in 64E-5.650, F.A.C.
<input type="checkbox"/> Sr-82/Rb-82 Generator	Eluted Rb-82 from generator, assayed and tested the eluate for Sr-82 and tin contamination
<input checked="" type="checkbox"/> Tc-99m Reagent Kits	Processed reagent kits to prepare Tc-99m labeled radiopharmaceuticals
<input checked="" type="checkbox"/> Other:	

DIAGNOSTIC RADIOPHARMACEUTICAL CLINICAL TRAINING (64E-5.627, F.A.C.)

Completed 500 hours of work experience and 500 hours of clinical experience concurrently under the supervision of an authorized user at a medical institution, as specified in 64E-5.650(2)(b) and (c), F.A.C., including the following:

- Ordered, received and unpacked radioactive materials safely and performed the related radiation surveys
- Calibrated dose calibrators and diagnostic instruments and performed checks for proper operation of survey meters
- Calculated and prepared patient dosages and used administrative controls to prevent misadministration
- Used emergency procedures to contain spilled radioactive material and used proper decontamination procedures
- Eluted Tc-99m from generator systems, assaying and testing the elute for Mo-99 and alumina contamination, and processing the elute with reagent kits to prepare Tc-99m-labeled radiopharmaceuticals
- Examined patients and reviewed each case history to determine their suitability for radionuclide diagnosis, including limitations or contraindications
- Selected the suitable radiopharmaceutical and calculated and measured the dosages; administered dosages to patients and used syringe radiation shields; collaborated with the authorized user in the interpretation of radionuclide test results; patient follow-up

To knowingly make false statements to a public servant is a violation of section 917.06, Florida Statute, and is punishable by fine or imprisonment.

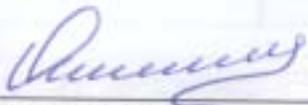
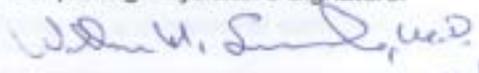
PRECEPTOR/APPLICANT STATEMENT

SEALED SOURCES FOR DIAGNOSIS (64E-5.631, F.A.C.)

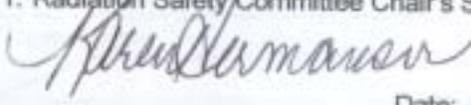
SOURCE AND DEVICE MANUFACTURER AND MODEL NUMBER	CLINICAL TRAINING/DEVICE SPECIFIC	TOTAL CLINICAL HOURS TRAINED
	<input type="checkbox"/> 2 hours of training in use of the device as specified in 64E-5.654(2)(c), F.A.C.	(min. of 8 hrs.)

DIAGNOSTIC TRAINING VERIFICATION

Hours of specific training for diagnostic procedures must include both radiation safety and patient-related topics as specified in 64E-5.649 – 64E-5.654, F.A.C., as applicable. All information in Items 2 – 7 and 9 or 11 must be completed and legibly printed or typed. Items 9 and 10 may be completed by the radiation safety committee (RSC) chair. – OR – Items 11 and 12 may be completed by a certifying official for the preceptoring medical institution. A certifying official is a corporate officer or other individual authorized to make legally binding statements for the institution. If training was performed at more than one institution, obtain a separate, completed statement from each.

1. Applicant Physician's Name (print): <i>Marina Ananich, M.D.</i> Phone: _____ Extension: _____	4. Applicant Physician's Signature:  Date: <i>02/17/07</i>
2. Name and Address of Preceptoring Medical Institution: <i>Mount Sinai Medical Center</i> <i>4300 ALTON ROAD</i> <i>Miami Beach, Fl. 33140</i> Phone: <i>305-674-2415</i> Extension: <i>-</i>	5. Dates of Training: From: <i>07/01/01</i> To: <i>06/01/05</i> 6. Total Number of Clinical Hours in Training: <i>700 Hours</i> 7. Preceptoring Medical Institution's Radioactive Materials License No.: <i>64-3</i>
3. Name of Medical Director of Residency Program (print): <i>Marcos Villanueva, M.D.</i> Phone: <i>305-674-2680</i> Extension: <i>-</i>	8. Preceptoring Physician's Name (print): <i>William M. Jernakovic</i> Phone: <i>305-674-2415</i> Extension: <i>-</i> 9. Preceptoring Physician's Signature:  Date: <i>3/15/07</i>

Florida requires documentation of clinical training from the RSC of the preceptoring medical institution. The signature of the RSC chair or a certifying official for the medical institution may be used to satisfy this requirement. A certifying official refers to a corporate officer or other individual authorized to make legally binding statements for the institution.

10. Name of Preceptoring Institution's RSC Chair (print): <i>Karen Humanson, V.P.</i> Phone: <i>305-674-2428</i> Extension: <i>-</i>	11. Radiation Safety Committee Chair's Signature:  Date: <i>3/15/07</i>
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- OR -

12. Name of Medical Institution's Certifying Official (print): _____ Phone: _____ Extension: _____	13. Certifying Official's Signature: _____ Date: _____
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PRECEPTOR/APPLICANT STATEMENT

NAME OF APPLICANT PHYSICIAN:	MARINA <small>First</small>	ANANICH <small>Last</small>	I <small>MI</small>	<input checked="" type="checkbox"/> M.D. <input type="checkbox"/> D.O.
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THERAPEUTIC RADIOPHARMACEUTICAL CLINICAL TRAINING	(64E-5.630, F.A.C.)
<small>(training and experience as specified in 64E-5.651, F.A.C.)</small>	

Mark each box as applicable to indicate clinical experience:

RADIONUCLIDE	CONDITIONS TREATED	NO. OF CASES REQUIRED	NO. OF CASES PERFORMED
P-32 (colloidal) or Au-198 (colloidal)	Intracavitary Treatment of Malignant Effusions <i>No</i>	3	
<input checked="" type="checkbox"/> I-131	Treatment of Cardiac Dysfunction or Hyperthyroidism	10	10
<input checked="" type="checkbox"/> I-131	Treatment of Thyroid Carcinoma	3	3
<input checked="" type="checkbox"/> I-131, P-32 (soluble), Sr-89, Sm-153 or Y-90	Systemic Therapy Treatments <i>Sm 153</i>	3	3
Other:	—		

OPHTHALMIC USE OF STRONTIUM 90 CLINICAL TRAINING	(64E-5.632, F.A.C.)
<small>(Training and experience shall be as specified in 64E-5.653, F.A.C.)</small>	

RADIONUCLIDE	CONDITIONS TREATED	NO. OF CASES REQUIRED	NO. OF CASES PERFORMED
Sr-90	Treatment of Eye Disease	5	

Mark each box as applicable:

- Received clinical training in ophthalmic radiotherapy under the supervision of an authorized user at a medical institution, including the use of strontium 90 for the ophthalmic treatment of 5 individuals, including each of the following as indicated.
- | | |
|---|---|
| <input type="checkbox"/> Examination of each individual to be treated | <input type="checkbox"/> Administration of the dose |
| <input type="checkbox"/> Calculation of the dose to be administered | <input type="checkbox"/> Follow-up and review of each individual's case history |

THERAPEUTIC BRACHYTHERAPY CLINICAL TRAINING	(64E-5.632, F.A.C.)
<small>(Training and experience as specified in section 64E-5.652, F.A.C.)</small>	

RADIONUCLIDE	CONDITIONS DIAGNOSED OR TREATED
<input type="checkbox"/> Cs-137	Interstitial Treatment
<input type="checkbox"/> Co-60	Interstitial, Topical or Intracavitary Treatments
<input type="checkbox"/> Rn-222	Interstitial Treatment
<input type="checkbox"/> Ir-192	Interstitial Treatment
<input type="checkbox"/> Pd-103	Interstitial Treatment
<input type="checkbox"/> I-125	Interstitial Treatment
<input type="checkbox"/> Ir-192	Use of High Dose Rate Remote Afterloaders
<input type="checkbox"/> Au-198	Interstitial, Intracavitary or Topical Treatments
<input type="checkbox"/> Cs-137 or Ra-226	Interstitial, Intracavitary or Topical Treatments
<input type="checkbox"/> Other:	

PRECEPTOR/APPLICANT STATEMENT

THERAPEUTIC TRAINING VERIFICATION

Hours of specific training for therapeutic procedures must include both radiation safety and patient-related topics as specified in 64E-5.651 – 64E-5.655, F.A.C., as applicable. All information in Items 2 – 7 and 9 or 11 must be completed and legibly printed or typed. Items 9 and 10 may be completed by the radiation safety committee (RSC) chair. – OR – Items 11 and 12 may be completed by a certifying official for the medical institution. (A certifying official is a corporate officer or other individual authorized to make legally binding statements for the institution.). If training was performed at more than one institution, obtain a separate, completed statement from each.

1. Applicant Physician's Name (print): <i>Melina Rensch, M.D.</i> Phone: _____ Extension: _____	4. Applicant Physician's Signature: Date: <i>02/17/07</i>
2. Name and Address of Precepting Medical Institution: <i>Mount Sinai Medical Center 4300 ALTON ROAD Miami Beach, FL 33140</i> Phone: <i>305-674-2415</i> Extension: _____	5. Dates of Training: From: <i>07/01/01</i> To: <i>06/01/05</i> 6. Total Number of Clinical Hours in Training: <i>700</i> 7. Precepting Medical Institution's Radioactive Materials License No.: <i>64-3</i>
3. Name of Medical Director of Residency Program (print): <i>Manuel Villanueva, M.D.</i> Phone: <i>305-674-2680</i> Extension: <i>-</i>	8. Precepting Physician's Name (print): <i>William M. Szwed, M.D.</i> Phone: <i>305-674-2415</i> Extension: <i>-</i> 9. Precepting Physician's Signature: Date: <i>3/15/07</i>

Florida requires documentation of clinical training from the RSC of the precepting medical institution. The signature of the RSC chair or a certifying official for the medical institution may be used to satisfy this requirement. A certifying official refers to a corporate officer or other individual authorized to make legally binding statements for the institution.

10. Name of Precepting Institution's RSC Chair (print): <i>Karen Helmanson, V.P.</i> Phone: <i>305-674-2428</i> Extension: _____	11. Radiation Safety Committee Chair's Signature: Date: <i>3/15/07</i>
--	---

- OR -

12. Name of Medical Institution's Certifying Official (print): _____ Phone: _____ Extension: _____	13. Certifying Official's Signature: _____ Date: _____
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The American Board of Radiology

Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology, the Association of
University Radiologists, and American Association of Physicists in Medicine
Hereby certifies that

Marina Juanouna Ananich, MD

Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of
The American Board of Radiology

On this eighth day of June, 2005

Thereby demonstrating to the satisfaction of the Board
that she is qualified to practice the specialty of

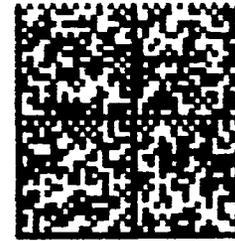
Diagnostic Radiology

Steven A. Licht, M.D.
President

Michael V. Hoppe MD
Secretary-Treasurer

R. P. Hatten MD
Executive Director





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420 W. Magnetic Street Marquette, MI 49855

REGIONAL MEDICAL CENTER

Nuclear Materials Licensing Branch

Nuclear Regulatory Commission Region III

2443 Warrenville Road Suite 210

Lisle IL 60532-4352