utheran Hospital of Indiana

To:	Toye Simmons
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Fax No.	1-630-829-9782
From:	RADIOLOGY
Date/Time:	9/20/07 1340
Subject:	Additions

Pages:

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including this one

Thank you !! Jim Ruschmege

Radiology Deportment 7950 W Jefferson Blvd Fort Wayne, IN 46804-4160 Registration Fax: 260-435-6950 Registration Phone: 260-435-7299 File Room Fax: 260-435-7635 File room phone: 260-435-7291 ext 0

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NRC FORM 313A (AUD) (3-2007)	U.S. NUCLEAR REGULATORY COM	NISSION				
AND PRECEPT (for uses defined under	CAINING AND EXPERIENCE OR ATTESTATION 35.100, 35.200, and 35.500) 35.290, and 35.590]	APPROVED BY OMB: NO. 3160-0120 EXPIRES: 10/31/2008				
Name of Proposed Authorized User State or Territory Where Licensed						
Sandeep S Ahluwalia	Indiana					
Requested Authorization(s) (check all that	tapply)					
35.100 Uptake, dilution, and excretion	studies					
35.200 Imaging and localization studie	25					
35.500 Sealed sources for diagnosis (	specify device	)				
	ART I - TRAINING AND EXPERIENCE elect one of the three methods below					
<ul> <li>Training and Experience, including boa the date of application or the individual the required training and experience wa education and experience related to the</li> </ul>	must have obtained related continuing a completed. Provide dates, duration, a	education and experience since				
1. Board Certification						
a. Provide a copy of the board certifi	cation.					
<ul> <li>b. If using only 35.500 materials, sto Preceptor Attestation.</li> </ul>	p here. If using 35.100 and 35.200 mat	erials, skip to and complete Part II				
2. Current 35.390 Authorized User	Seeking Additional 35.290 Authorizat	tion				
a. Authorized user on Materials Lice State requirements seeking autho		CFR 35.390 or equivalent Agreement				
<ul> <li>b. Supervised Work Experience, (If more than one supervising indi- copies of this section.)</li> </ul>	vidual is necessary to document superv	ised work experience, provide multiple				
Description of Experience	Location of Experience/License Permit Number of Facility	or Clock Dates of Hours Experience*				
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs						
	Total Hours of Experience:					
Supervising Individual	License/Permit Numb authorized user	er listing supervising individual as an				
	elow, or equivalent Agreement State rea nerator experience in 32.290(c)(1)(ii)(G)					
NRC FORM 313A (AUD) (3-2007)	PRINTED ON RECYCLED PAPER	PAGE 1				

NRC FO	U.S. NUCLEAR REGULATORY COMMISSION						
	AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)						
. P	PART II - PRECEPTOR ATTESTATION						
Note:	This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. (Not required to meet training requirements in 35.590)						
First So Check	oction one of the following for each use requested:						
For	<u>35.190</u>						
	Board Certification						
	I attest that Sandoep S Ahluwalia has satisfactorily completed the requirements in						
	10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.						
	OR						
	Training and Experience						
	I attest that     has satisfactorily completed the 60 hours of training and     Name of Proposed Authorized User						
	experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.						
Far	35.290						
	Board Certification						
	I attest that Sandeep S Ahluwalla has satisfactorily completed the requirements in						
	Name of Proposed Authorized User						
	10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.						
	ÖR						
	Training and Experience						
	I attest that has satisfactorily completed the 700 hours of training						
	Name of Proposed Authorized User and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.						
	Section te the following for preceptor attestation and signature:						
l	I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:						
	35.190 35.290 35.390 📝 35.390 + generator experience						
lames A. .icense/f	Preceptor Arata, M.D. Permit Number/Facility Name -01 Lutheran Hospital of Indiana						

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NRC FORM 313A (AUD) (3-2007)	U.S. NUCLEAR REGULATORY COMMISSION	1
AUTHORIZED USER TR AND PRECEPT (for uses defined under	AINING AND EXPERIENCE OR ATTESTATION 35.100, 35.200, and 35.500) 35.290, and 35.590]	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2008
Name of Proposed Authorized User	State or Territory Where Licen	sed
John C Lacunza	Indiana	
Requested Authorization(s) (check all that	apply)	
35.100 Uptake, dilution, and excretion	studies	
✓ 35.200 Imaging and localization studie	S	
35.500 Sealed sources for diagnosis (	specify device	)
	ART I TRAINING AND EXPERIENCE	
the date of application or the individual	d certification, must have been obtained within must have obtained related continuing educati s completed. Provide dates, duration, and de uses checked above.	on and experience since
1. Board Certification		
a. Provide a copy of the board certific	cation.	
<ul> <li>b. If using only 35.500 materials, stor Preceptor Attestation.</li> </ul>	o here. If using 35.100 and 35.200 materials,	skip to and complete Part II
	Seeking Additional 35.290 Authorization	
a. Authorized user on Materials Licer	nse meeting 10 CFR 35	5.390 or equivalent Agreement
State requirements seeking author	rization for 35:290.	
<ul> <li>b. Supervised Work Experience. (If more than one supervising indivicual copies of this section.)</li> </ul>	idual is necessary to document supervised w	ork experience, provide multiple
Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Dates of Hours Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs		
	Total Hours of Experience:	
Supervising Individual	License/Permit Number listin authorized user	g supervising individual as an
Supervisor meets the requirements be	elow, or equivalent Agreement State requirem	ents (check all that apply).
☐ 35.290 ☐ 35.390 + ger	nerator experience in 32.290(c)(1)(ii)(G)	
NRC FORM 313A (AUD) (3-2007)	FRINTED ON RECYCLED PAPER	PAGE 1

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(3-2007)	M 313A (AUD) AUTHORIZED (	USER TRAINING	AND EXPER	NENCE AND PRECE	U.S. NUCLEAR REGUL PTOR ATTESTATION (		
		9	ART II - PRE	CEPTOR ATTESTAT	ION		
	This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. (Not required to meet training requirements in 35.590)						
First Se		daa faa sool					
	5.190	ving for each us	e requesteu:				
	Board Certification	กด					
	/ attest that	John C Lacunza		has satisfactorily	completed the requireme	ents in	
			d Authorized User				
	10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100,						
	•••••••			OR			
	Training and Exp	berience					
	i attest that	· · · · · ·		has satisfactorily	completed the 60 hours	of training and	
	Name of Proposed Authorized User experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100,						
For 3	5.290						
	Board Certificatio	'n					
_				has actisfactorily	completed the requirement	hata im	
Ľ	I attest that John C Lacunza     has satisfactorily completed the requirements in Name of Proposed Authorized User						
		90(a)(1) and has	achieved a lev	el of competency suffi zed under 10 CFR 35.	icient to function indepen 100 and 35.200.	dently as an	
				OR			
-	Training and Exp	orience					
Ľ	l attest that		·	has satisfactorily of	completed the 700 hours	of training	
		Name of Proposed		· · · · · · · · · · · · · · · · · · ·	d d = b =		
	CFR 35.290(c	c)(1), and has act	nieved a level		d laboratory training, request to function independent 100 and 35.200.		
	Section the following	for preceptor at	lestation and	signature;	# &	بر بید نا از کر کرن و بر از در از میشد بر	
6	/ meet the req	quirements below	, or equivalent	t Agreement State req	uirements, as an authoriz	ted user for:	
	35.190	35.290	35.390	🟹 35.390 + gene	erator experience		
lame of F	receptor	je	gnature .		Telephone Number	Date	
	Arata, M.D.	t t	A A	AA. the mas	Telephone Number 1-260-435-7297	9/20/2007	
			your T	· xurry		are an of hold of t	
	ennit Number/Faci 01 Lutheran Hos	-	U	•			
						PAGE 4	