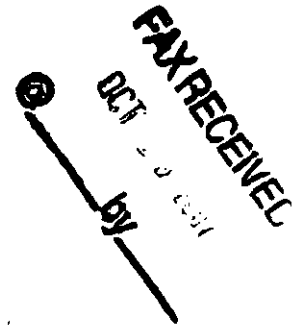


Mohammad Tahir, M.D.  
11155 Dunn Road, Ste 304E  
St. Louis, Missouri 63136



29-28041-01  
03030030

October 19, 2007

RE: Jawed Siddiqui, M.D.

To Whom it May Concern:

Over the past four years, Dr. Siddiqui has performed over 100 hours of reading nuclear tests with myself. My NRC License Number 24-32384-01.

If further information is required, please do not hesitate in contacting me at 314-568-7467.

Thank you.

Sincerely yours,

  
Mohammad Tahir, M.D.

141188  
NMCC/NONI MATERIALS-002

**AUTHORIZED USER TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION**  
(for uses defined under 35.100, 35.200, and 35.500)  
[10 CFR 35.190, 35.290, and 35.590]APPROVED BY OMB: NO. 3150-0120  
EXPIRES: 10/31/2008

Name of Proposed Authorized User

Dr. Jawed Siddiqui, MD FACC

State or Territory Where Licensed

Florissant, MO

Requested Authorization(s) (check all that apply)

☐ 35.100 Uptake, dilution, and excretion studies☒ 35.200 Imaging and localization studies☐ 35.500 Sealed sources for diagnosis (specify device \_\_\_\_\_)**PART I – TRAINING AND EXPERIENCE**  
(Select one of the three methods below)

- \* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

☐ **1. Board Certification**

- a. Provide a copy of the board certification.
- b. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.

☐ **2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization**

- a. Authorized user on Materials License \_\_\_\_\_ meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290.
- b. Supervised Work Experience.  
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of 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 listing supervising individual as an authorized user

Supervisor meets the requirements below, or equivalent Agreement State requirements (check all that apply).

☐ 35.290☐ 35.390 + generator experience in 32.290(c)(1)(II)(G)

## AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

☒ 3. Training and Experience for Proposed Authorized User

## a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	INME Training Class Boulder, CO 80301 And PIC (9/06 and 6/07)	100	14 July & 11 Aug 1990
Radiation protection	INME Training Class Boulder, CO 80301 And PIC (9/06 and 6/07)	30	14 July & 11 Aug. 1990
Mathematics pertaining to the use and measurement of radioactivity	INME Training Class Boulder, CO 80301 And PIC (9/06 and 6/07)	20	14 July & 11 Aug. 1990
Chemistry of byproduct material for medical use (not required for 35.590)	INME Training Class Boulder, CO 80301 And PIC (9/06 and 6/07)	30	14 July & 11 Aug. 1990
Radiation biology	INME Training Class Boulder, CO 80301 And PIC (9/06 and 6/07)	20	14 July & 11 Aug. 1990
Total Hours of Training:			

b. Supervised Work Experience (completion of this table is not required for 35.590).  
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Supervised Work Experience		Total Hours of Experience:	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	5 local hospitals see attached Summary	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	See attached
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	5 local hospitals See attached Summary	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	See attached

## AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

## 3. Training and Experience for Proposed Authorized User (continued)

## b. Supervised Work Experience. (continued)

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages	5 local hospitals See attached Summary	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	See attached
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	" " "	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	" "
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	" " "	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	" "
Administering dosages of radioactive drugs to patients or human research subjects	" " "	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	" "
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	Cardinal Health	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Jan. 2007

Supervising Individual

N/A +

STEVE A. HAWKINS

License/Permit Number listing supervising individual as an  
authorized user

34-29200-01/MD NRC

Supervisor meets the requirements below, or equivalent Agreement State requirements (check one).

☐ 35.190☐ 35.290☐ 35.390☐ 35.390 + generator experience in 35.290(c)(1)(ii)(G)

## c. For 35.590 only, provide documentation of training on use of the device.

Device	Type of Training	Location and Dates

## d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.

## AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

## 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 Section

Check one of the following for each use requested:

## For 35.190

Board Certification☐ I attest that \_\_\_\_\_ has satisfactorily completed the requirements in

Name of Proposed 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 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.

## For 35.290

Board Certification☐ I attest that \_\_\_\_\_ 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.

OR

Training and Experience☒ I attest that DR. JAWED SIDDIQUI 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.

## Second Section

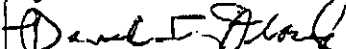
Complete the following for preceptor attestation and signature:

☒ 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

Name of Preceptor

David I. Drout, M.D.

Signature



Telephone Number

732-380-9090

Date

10/12/07

License/Permit Number/Facility Name

29-24041-01

**SUMMARY**  
**Training and Experience**  
**Dr. Jawed Siddiqui, M.D., FACC**

June and July, 1990                      Basics of Radioisotope Handling                      200 hrs.  
Four 50-hr. programs by INME  
Certificates attached <sup>(1)</sup>; Curriculum attached <sup>(2)</sup>

October 1993 – January 1994                      Clinical Handling Experience                      500 hrs.  
University of Chicago  
Preceptor statement attached <sup>(3)</sup>

July 1990 – 2007                      Clinical Experience <sup>(4)</sup>                      4,000 hrs.

7/90 – 2007  
South Pointe Hospital  
St. Louis, MO 63118

8/91 – 2007  
Forest Park Hospital  
St. Louis, MO 63139

7/96 – 2007  
Des Peres Hospital  
St. Louis, MO 63122

7/99 – 2003  
St. Alexis Hospital  
St. Louis, MO 63125

September 2006 and June 2007                      Continuing Education and Experience                      80 hours  
Physicians Imaging Center  
Attached <sup>(5)</sup>

January 2007                      <sup>99</sup>Mo/<sup>99m</sup>Tc Generator Experience  
Cardinal Health  
Attached <sup>(6)</sup>

# PIC

PHYSICIANS IMAGING CENTER  
180 AVENUE AT THE COMMON  
SHREWSBURY, N.J. 07702  
TEL: 732-380-9090 FAX: 732-380-9080

MAILING ADDRESS:  
PHYSICIANS IMAGING CENTER  
P.O. BOX 778  
RED BANK, N.J. 07701

July 17, 2007

To Whom It May Concern:

This letter is to affirm that Jawed Siddiqui, M.D. received training and experience at our institution, Physicians Imaging Center, in Imaging and Localization studies. The Preceptorship commenced on 9/5/06 through 9/8/06. Dr. Siddiqui returned to our facility on 6/11/07 through 6/15/07.

During this training program, Dr. Siddiqui received not less than 80 hours of supervised work experience, and not less than 80 hours of concurrent supervised clinical experience, under the supervision of an Authorized User.

The supervised work experience included ordering, receiving, and unpacking radioactive materials safely, performing related radiation surveys, calibrating dose calibrators and diagnostic instruments, performing checks for proper operation of survey meters, calculating and safely preparing patient dosages, using administrative controls to prevent the misadministration of byproduct material, using procedures to contain spilled byproduct material safely, and using proper decontamination procedures.

The supervised clinical experience included examining patients and reviewing case histories to determine their suitability for radioisotope diagnosis, and limitations or contraindications, selecting the suitable radiopharmaceuticals and calculating and measuring dosages, administering dosages to patients using syringe radiation shields, and collaborating with the Authorized User in the interpretation of radioisotope test results and patient follow-up.

Sincerely,



David I. Drout, M.D.

Radioactive materials license number 29-28041-01

**Statement of training and experience.**

To Whom It May Concern:

JAMEL H. SIDDIQUI, M.D has gained work experience at (Name of facility),  
(address), (State) (Zip) on (Date)

CARDINAL HEALTH  
1909 BELTWAY DR.  
OVERLAND, MO.  
63114

The training/experience involved the following:

Eluting generator systems appropriate for 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.

Name: STEVE A. HEAVATH

Date

Jan. 9, 2007

Title: FACILITY MANAGER

Radioactive materials license number:

34-29200-01 MD NRC

Telephone number: 314-428-2906