



HCA

Hamilton Cardiology Associates

Clinical Cardiology

Ma~~h~~rou~~d~~ Ghusson, MD, FACC
 Ronald G. Ryder, DO, FACC
 Ghazanfar A. Jaferi, MD, FACC
 Ilya D. Genin, MD, FACC
 Michael S. Nillas, MD

Diane Marolda, RN, APN-C

Fred Banerman, PA-C

Janet Helm, RN, APN-C

Kathy Woods, RN, APN-C

Andrew Thomas, RN, APN-C

Interventional Cardiology

Jay K. Patel, MD, FACC
 Sangeeta Garg, MD
 Janak H. Bhavsar, MD, FACC



Rhythm Specialists

John Caplan, MD, FACC
 Lewis L. Horvitz, MD, FACC

Cardiovascular Imaging

Neeta Tripathi, MD
 Kathleen L. McDonald, MD

www.hcahamilton.com

United States Nuclear Regulatory Commission
 Region I
 475 Allendale Road
 King of Prussia, PA 19406-1415

NMSB2

October 22, 2007

Attention: Medical Licensing Division

0303 4471

Re: Materials License:: 29-30396-01

To Whom It May Concern:

Hamilton Cardiology Associates, Inc. Radioactive Materials License number 29-30396-01, wishes to amend its license to remove an address where licensed materials had been used in accordance with 10 CFR 35.100 and 35.200. The address to remove from our current license is:

2073 Klockner Road
 Hamilton Township, NJ 08690

A schematic diagram of the facility and the results of the close-out survey are enclosed. Also enclosed is a receipt for the disposition of the decay-in-storage waste. The sealed sources that were in use at this facility were either returned to the manufacturer or transferred to our new location, as detailed in the enclosed summary.

If you have any questions regarding this amendment request, or require further information, please contact our Radiation Safety Officer, Karen Wheeler, MS, DABR, at (908) 788-9440 ext. 45.

Sincerely,

Ronald Ryder, D.O., F.A.C.C.
 Medical Director

Enclosure

RECEIVED
 REGION I
 2007 OCT 25 AM 11:10

141239

NMSS/RGN1 MATERIALS-002

The Professional Center at Hamilton
 2073 - 2087 Klockner Road
 Hamilton, New Jersey 08690

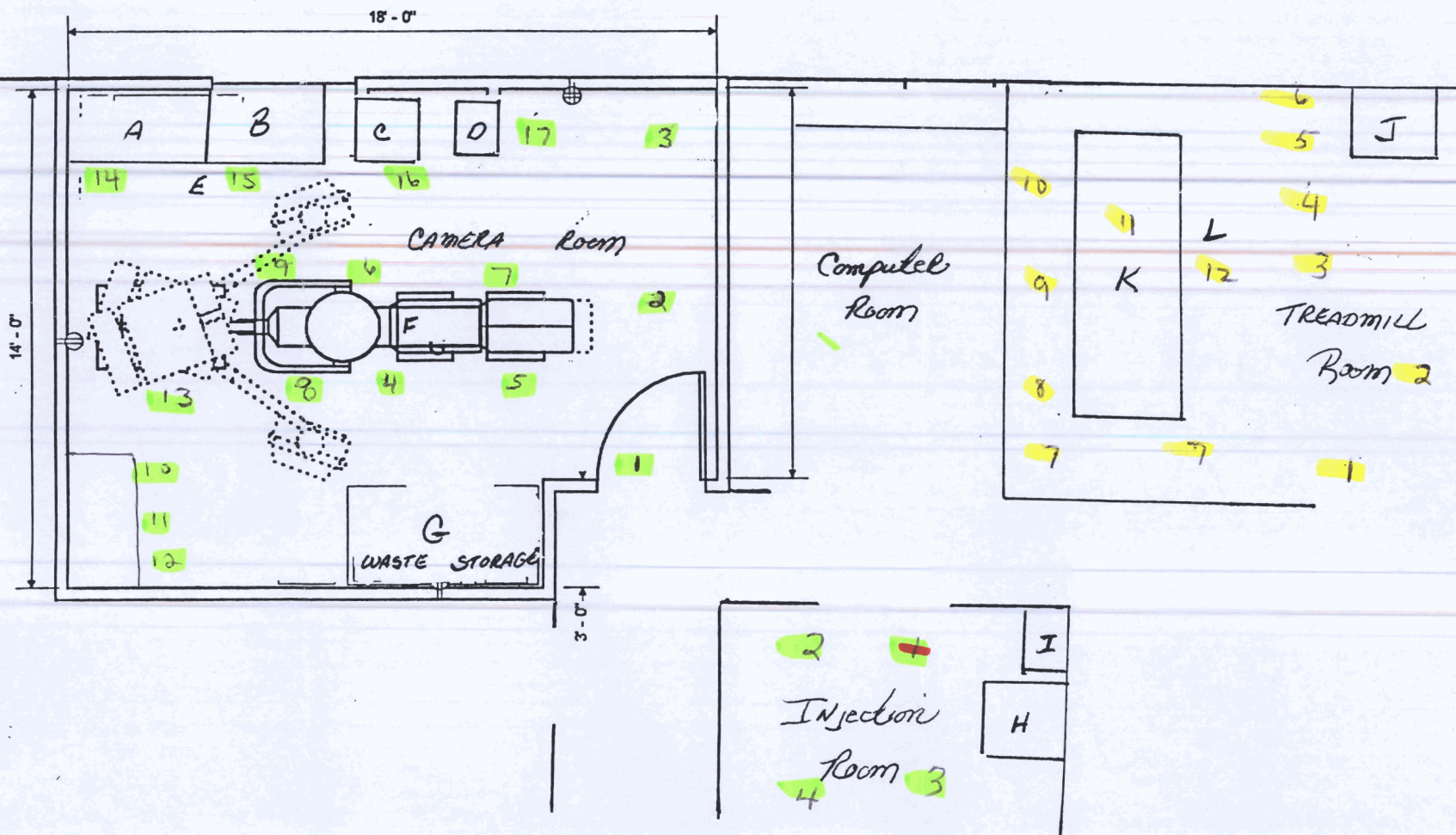
(609) 584-1212

Board Certified Cardiologists

Madison Corporate Center
 1262 Whitehorse-Hamilton Square Road
 Hamilton, New Jersey 08690

Outside Wall

Outside Wall



REVISIONS

DRAWN BY

Hamilton Cardiology Associates, Inc.
Department of Nuclear Medicine
Close out survey
2073 Klockner Road
Hamilton, NJ 08690

Survey Date: **July 16, 2007**

Camera Room:

| Location: | cpm/100cm ² | dpm/100cm ² | mR/hr |
|--------------------------|------------------------|------------------------|-------|
| 1 Entrance | 44 | 48 | 0.04 |
| 2 Floor | 35 | 38 | 0.04 |
| 3 Floor | 7 | 8 | 0.04 |
| 4 Floor by imaging table | 22 | 24 | 0.04 |
| 5 Floor by imaging table | 65 | 71 | 0.04 |
| 6 Floor by imaging table | 14 | 15 | 0.04 |
| 7 Floor by imaging table | 89 | 97 | 0.04 |
| 8 Floor by imaging table | 95 | 103 | 0.04 |
| 9 Floor by imaging table | 2 | 2 | 0.04 |
| 10 Prep counter | 13 | 14 | 0.04 |
| 11 Prep counter; well | 49 | 53 | 0.04 |
| 12 Prep counter, DC | 40 | 43 | 0.04 |
| 13 Floor by camera | 80 | 87 | 0.04 |
| 14 Floor by camera | 56 | 61 | 0.04 |
| 15 Floor by camera | 29 | 32 | 0.04 |
| 16 Floor by camera | 59 | 64 | 0.04 |
| 17 Floor by camera | 65 | 71 | 0.04 |

Laura D. Whelan - RSO
7/16/07

Treadmill Room:

| | | | |
|----------------------|----|----|------|
| 1 Floor-See Key | 16 | 17 | 0.04 |
| 2 Floor-See Key | 64 | 70 | 0.04 |
| 3 Floor-See Key | 31 | 34 | 0.04 |
| 4 Floor-See Key | 14 | 15 | 0.04 |
| 5 Floor-See Key | 11 | 12 | 0.04 |
| 6 Floor-See Key | 4 | 4 | 0.04 |
| 7 Treadmill-See Key | 52 | 57 | 0.04 |
| 8 Treadmill-See Key | 8 | 9 | 0.04 |
| 9 Treadmill-See Key | 25 | 27 | 0.04 |
| 10 Treadmill-See Key | 16 | 17 | 0.04 |
| 11 Treadmill-See Key | 22 | 24 | 0.04 |
| 12 Treadmill-See Key | 40 | 43 | 0.04 |

Injection Room:

| | | | |
|------------|----|-----|------|
| 1 Entrance | 53 | 58 | 0.04 |
| 2 Floor | 98 | 107 | 0.04 |
| 3 Chair | 74 | 80 | 0.04 |
| 4 Counter | 86 | 93 | 0.04 |

Instrumentation:

| | Model | S/N | DOC | Bkg. |
|---------------|-------------|--------|------------|------------|
| Survey Meter: | Ludlum 14C | 148525 | 10/18/2006 | 0.05 mR/hr |
| Probe: | Ludlum 44-9 | 153382 | 10/18/2006 | |
| Well Counter | Caprac | 00754 | N/A | 288 dpm |

STATE OF NEW JERSEY
Department of Environmental Protection, Division of Solid and Hazardous Waste
P. O. Box 414, Trenton, N.J. 08645-0414

Please print or type. In case of an emergency discharge, immediately call the Department of Environmental Protection at 1-877-WARNDEP (24 hours a day)

TRACKING FORM - REGULATED MEDICAL WASTE (RMW)

| | | | |
|---|--|--|--|
| 1. Generator's Name and Mailing Address ATTN: HOLLY BETZ/NUCLEAR MEDICAL HAMILTON CARDIOLOGY ASSOC 2073 KLOCKNER RD HAMILTON, NJ 08690 | | 2. Tracking Form Number A 489077 | |
| | | 3. Telephone Number (609) 631-7111 | |
| | | 4. RMW Permit or ID No. 02808004 | |
| 5. Transporter's Name and Mailing Address Stericycle 1120 Industrial Blvd Southampton, PA 18966 | | 6. Telephone Number (267) 751-2100 | |
| | | 7. State Transporter Permit or ID No. W210713712AR0106 | |
| 8. Destination Facility Name and Address Stericycle 1525 Chestnut Hill Rd Morgantown, PA 19543 | | 9. Telephone Number (610) 286-6996 | |
| | | 10. State Permit or ID No. 400556 | |
| 11. New Jersey Waste Description | | 12. Total No. Cont. | |
| a. Regulated Medical Waste, 6.2, UN 3291, PG II (NJ Untreated) Container Type: | | 2 | |
| | | 60 lbs | |
| b. Regulated Medical Waste, 6.2, UN 3291, PG II (NJ Untreated) Container Type: | | lbs | |
| c. Regulated Medical Waste, 6.2, UN 3291, PG II (NJ Treated) Container Type: | | lbs | |
| d. Regulated Medical Waste, 6.2, UN 3291, PG II (NJ Treated) Container Type: | | lbs | |
| 14. Additional Information | | 13. Volume/Quantity (including unit of measurement, e.g. cu. ft., gal.) | |
| a. Overdescribed Material | | lbs | |
| b. Central Collection Point, Transfer Station Activity and Other Information 5901 CHEMICAL RD. BALTIMORE, MD 21226 2003WPT0591 | | Site Used B00 234-7822 | |



Manifest # MMV0089QB

Customer and Site: 8077776-001

GENERATOR

TRANSPORTER

DESTINATION

| | | |
|---|--|---|
| 15. Generator's Certification per 49 CFR 172.204(a)2 I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. PRINTED/TYPED NAME SIGNATURE DATE Holly Betz <i>[Signature]</i> 7/23/07 | | |
| 16. Transporter 1 (Certification of Receipt of RMW as described in Items 11, 12, & 13) PRINTED/TYPED NAME SIGNATURE DATE Holly Betz <i>[Signature]</i> 7/23/07 | | |
| 17. Transporter 2 or Intermediate Handler (Name and Address) | | 18. Telephone Number () |
| 17a. Point of Transfer Address (If different than 17) See Box 5 | | 17b. State Transporter Permit or ID No. See Box 5 |
| 20. Transporter 2 or Intermediate Handler (Certification of Receipt of RMW as described in Items 11, 12, & 13) PRINTED/TYPED NAME SIGNATURE DATE | | |
| 21. New Tracking Form Number (for consolidated or remanifested RMW) | | |
| 22. Destination Facility (Certification of Receipt of RMW as described in Items 11, 12, & 13) <input checked="" type="checkbox"/> Received in accordance with Items 11, 12, & 13 PRINTED/TYPED NAME SIGNATURE DATE Holly Betz <i>[Signature]</i> 7/23/07 (If other than destination facility, indicate address, phone, and Permit or ID No. in box 14) | | |
| 23. Discrepancy Box (Any discrepancies should be noted by item number and initials.) | | |
| Emergency Telephone Numbers (24 hours a day): Emergency Response: National Response Center, 1-800-424-9362 Emergency Discharge: US Department of Transportation, 1-800-232-7172 Infectious Substance Spills: NJ Department of Environmental Protection, 1-877-WARNDEP Centers for Disease Control, 1-800-232-0124 | | |

Radioactive Source Inventory

Facility: Hamilton Cardiology
 2073 Klocker Road
 Hamilton, NJ 08690
 Date October 22, 2007

| Isotope | Model # | Serial # | Original Activity | Units | Cal. Date | Current Activity | Units | Source Type | Disposition |
|---------|---------------|-------------|----------------------|-------|-----------|---------------------|-------|----------------|--|
| Co-57 | FLPZ1-057-10M | 1136-068 | 10.0 | mCi | 9/1/2005 | 1.364 | mCi | Flood | Returned to Manufacturer (Receipt enclosed) |
| Co-57 | BM01-10 | BM01102734 | 10.0 | mCi | 3/20/2007 | 5.764 | mCi | Flood | Returned to Manufacturer (Receipt enclosed) |
| Co-57 | RV0575M | 1159-74-3 | 5.554 | mCi | 2/1/2006 | 1.119 | mCi | Vial | Transferred to NJSL 20597/02/001 |
| Cs-137 | NES-356 | S356037-025 | 224.0 | uCi | 6/27/1998 | 180.6 | mCi | Vial | Transferred to 1262B Whitehorse-Hamilton Square Road, Hamilton, NJ |

8/29/2007

Concerning Return Number 114283

Dear Valued Customer,

Isotope Products Laboratories has received your radioactive source(s) and takes responsibility for tracking and storage of the source listed below. If you have any further questions about the source, please contact IPL and reference the return number listed above. Thank you for your business.

Source Number: BM01102734

Nuclide: Co-57

Activity: 10mCi

Reference Date: 20 Mar '07

Description: Flood Source

Receiving Date: 31 July '07

Sincerely,


Signature / Date

08/29/2007 09:15

6612578308

ISOTOPE PRODUCTS LAB

PAGE 02/02

8/29/2007

Concerning Return Number 114283

Dear Valued Customer,

Isotope Products Laboratories has received your radioactive source(s) and takes responsibility for tracking and storage of the source listed below. If you have any further questions about the source, please contact IPL and reference the return number listed above. Thank you for your business.

Source Number: 1136-68

Nuclide: Co-57

Activity: 10m Ci

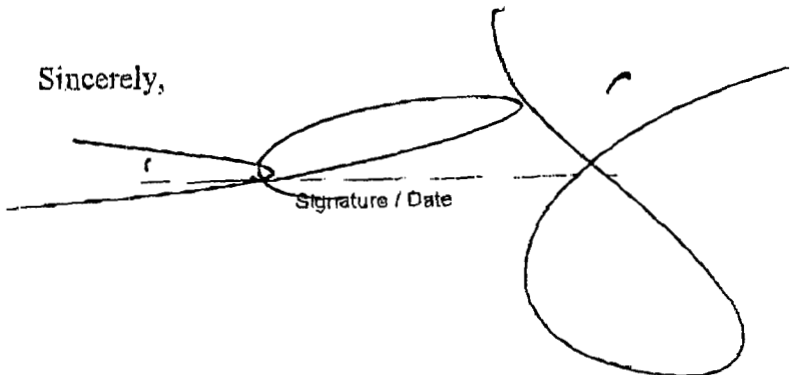
Reference Date: 1 ~~Aug~~ '05

Description: Flood

Receiving Date: 31 July 07

Sincerely,

Signature / Date

A large, stylized handwritten signature in black ink, consisting of several loops and a long horizontal stroke, is written over the signature line.

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

10/22/2007, and to inform you that the initial processing which includes an administrative review has been performed.

☒ ARENA 29-30396-01
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** 141239.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.