

**BALA MEDICAL CENTER**  
**Wayne V. Arnold, D.O., F.A.C.O.I.**

CARDIOLOGY - PERIPHERAL VASCULAR DISEASES

15 NORTH PRESIDENTIAL BLVD.  
SUITE 100  
BALA CYNWYD, PA 19004

(610) 667-2746  
(610) 667-2749  
Fax# (610) 667-9420

9 November 2007

Dennis R. Lawyer  
U.S Nuclear Regulatory Commission, Region 1  
Licensing Assistance Team  
475 Allendale Road  
King of Prussia, PA 19409-1415

*MS 16*  
*J-6*  
*37-28333-01*  
*03030949*

CONTROL NO. 141096

Dear Mr. Lawyer:

Please accept the following in support of our amendment request to our Medical Use Materials License, No. 37-28333-01:

To add David S. Poll, M.D. as an authorized user for 10 CFR 35.200:

Please find attached a NRC Form 313A attesting to Dr. Poll's training and experience.

If you have any questions or concerns regarding this amendment, please do not hesitate to contact me at 610-667-2746, or our Nuclear Operations Manager, Terry Day, RT, at 856-786-4700.

Sincerely,

*Wayne V. Arnold, D.O.*  
Wayne Arnold, D.O.  
Radiation Safety Officer

Enclosures

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NMSS/RGN1 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

David S. Poll, M.D.

State or Territory Where Licensed

Pennsylvania

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	CorScan (see attached certificate)	80 Total	May '07
Radiation protection	"	"	"
Mathematics pertaining to the use and measurement of radioactivity	"	"	"
Chemistry of byproduct material for medical use (not required for 35.590)	"	"	"
Radiation biology	"	"	"
<b>Total Hours of Training:</b>			

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	Montefiore Hosp. NY, NY	<input type="checkbox"/> Yes <input type="checkbox"/> No	5/25/07 to 5/27/07
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	"	<input type="checkbox"/> Yes <input type="checkbox"/> No	"

**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	Mondelfiore Hosp NY, NY	<input type="checkbox"/> Yes <input type="checkbox"/> No	" "
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	"	<input type="checkbox"/> Yes <input type="checkbox"/> No	" "
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	"	<input type="checkbox"/> Yes <input type="checkbox"/> No	" "
Administering dosages of radioactive drugs to patients or human research subjects	"	<input 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	"	<input type="checkbox"/> Yes <input type="checkbox"/> No	" "

Supervising Individual  
Steven Walter, MD

License/Permit Number listing supervising individual as an authorized user

NRC # 47-25351-01

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 David S. Poll, MD 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	Signature	Telephone Number	Date
Wayne V. Arnold, D.O.		610-667-2746	
License/Permit Number/Facility Name			
37-28333-01 / Poll Facility			

*Certificate of Completion*  
*Authorized User Classroom and Laboratory*  
*Training Program*

*David S. Poll, M.D.*

*has successfully completed 80 hours of classroom and laboratory training that included:*

*Radiation physics and instrumentation;*

*Radiation protection;*

*Mathematics pertaining to the use and measurement of radioactivity;*

*Chemistry of byproduct material for medical use;*

*Radiation biology; Generator elution for 10CFR35.290(ii)(G)and*

*Review of regulations regarding the medical use of radioisotopes.*

***Corscan***

*The Nuclear Imaging Company*  
*www.corscanplus.com*

*Steven W. Walter, MD*

August 8, 2007

Steven W. Walter, MD  
Program Director  
General Manager and CEO  
Corcan  
910 528 6251  
Authorized User and RSO NRC No. 47-25351-01

Date