

November 15, 2007

U.S. Nuclear Regulatory Commission Materials Licensing Section 2443 Warrenville Road, Suite 210 Lisle, IL 60532-4352

Dear Sir or Madam:

St. Vincent / Northwest Radiology, LLC would like to amend its NRC Byproduct Materials License, Number 13-32225-01 to reflect the following changes:

- Change the Licensee mailing address to 5901 Technology Center Drive, Indianapolis, Indiana, 46278-6013. Our corporate office has moved out of the 5756 West 71st Street address.
- 2. Add Warren Kent Hansen, M.D. as an Authorized User of materials licensed by 10 CFR 35.100, 35.200, and 35.392. Enclosed are NRC Forms 313A(aud) and 313A(aut) documenting Dr. Hansen's training and experience.
- 3. Add Carlo Roberto Lazzaro, M.D. as an Authorized User of materials licensed by 10 CFR 35.100, 35.200, and 35.392. Enclosed are NRC Forms 313A(aud) and 313A(aut) documenting Dr. Lazzaro's training and experience.

If there are any questions concerning this license amendment, please contact our Nuclear medicine physicist, Mr. Patrick J. Byrne, D.A.B.R., C.H.P. at 877-317-5811.

Sincerely,

Lori Bricker, BS, R.T. (R)(M), RDMS, RVT

Son Brecker

The American Board of Radiology
Organized through the cooperation of the

American College of Radiology, the American Roentgen Ray Society, the American Roentgen Ray Society, 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

Warren Kent Hansen, 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 fourteenth day of June, 2006
Thereby demonstrating to the satisfaction of the Board that he is qualified to practice the specialty of

AU Fligible



Certificate No. 52487

Piagnostic Radiology

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P.P. Hatter Sp.



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NRC FORM 313A (AUD) -2007)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE APPROVED BY OMB: NO. 3150-0120 AND PRECEPTOR ATTESTATION EXPIRES: 10/31/2008 (for uses defined under 35.100, 35.200, and 35.500) [10 CFR 35.190, 35.290, and 35.590] Name of Proposed Authorized User State or Territory Where Licensed Warren Kent Hansen, M.D. Indiana 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 meeting 10 CFR 35.390 or equivalent Agreement a. Authorized user on Materials License 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.) Clock Location of Experience/License or Dates of Description of Experience **Permit Number of Facility** 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 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)

	ND EXPERIENCE AND PRECEPTOR ATTE	ESTATION (CO	nunuouj
Training and Experience for Propos	ed Authorized User		
a. Classroom and Laboratory Training.			
Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and nstrumentation			
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			
1	Total Hours of Training:		l
b. Supervised Work Experience (comple (If more than one supervising individu provide multiple copies of this section Supervised Work Experience		ork experience,	
Supervised Hork 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		☐ Yes ☐ No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper		Yes No	

raining and Experience for Pro	posed Authorized	<u>User</u> (continued)		
Supervised Work Experience.	(continued)			
Description of Experience Must Include:		of Experience/License nit Number of Facility	or Confirm	Dates of Experience
Calculating, measuring, and safely preparing patient or human resear subject dosages			Yes No	
Jsing administrative controls to prevent a medical event involving use of unsealed byproduct materia			☐ Yes	
Using procedures to contain spille byproduct material safely and usin proper decontamination procedure	ng		Yes No	
Administering dosages of radioact trugs to patients or human resean subjects			☐ Yes ☐ No	
Eluting generator systems approprior the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagentits to prepare labeled radioactive drugs	t		☐ Yes	
Supervising Individual		License/Permit Number authorized user	er listing supervising ind	ividual as an
Supervisor meets the requirement	s below, or equivale	nt Agreement State req	uirements (check one).
35.190 35.290	35.390] 35.390 + generator e	xperience in 35.290(c	:)(1)(ii)(G)
Device	Type of Train		Location and Da	1tes
1				

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NRC FC	ORM 313A (AUD)		U.S. NUCLEAR REGULATORY COMMISSION
(3-2007)		USER TRAINING AND EXPE	RIENCE AND PRECEPTOR ATTESTATION (continued)
		PART II – PRE	ECEPTOR ATTESTATION
Note:	individual as long one preceptor is	ng as the preceptor provides, dir	s preceptor. The preceptor does not have to be the supervising irects, or verifies training and experience required. If more than rience, obtain a separate preceptor statement from each. (Not 90)
	Section (all as		
		wing for each use requested:	•
<u>Por</u>	r 35.190 Board Cartification		
	Board Certification		· · · · · · · · · · · · · · · · · · ·
	√ I attest that	Warren K. Hansen, M.D. Name of Proposed Authorized User	has satisfactorily completed the requirements in
	10 CFR 35.1 authorized u	•	evel of competency sufficient to function independently as an
	· · · · · · · · · · · · · · · · · · ·		OR
İ	Training and Ext		
	I attest that		has satisfactorily completed the 60 hours of training and
i		Name of Proposed Authorized User	
	35.190(c)(1),	including a minimum of 8 hours , and has achieved a level of co user for the medical uses author	s of classroom and laboratory training, required by 10 CFR ompetency sufficient to function independently as an rized under 10 CFR 35.100.
For	r 35.290		
İ	Board Certification	<u>ion</u>	
	√ I attest that	Warren K. Hansen, M.D.	has satisfactorily completed the requirements in
	10 CFR 35.2 authorized u	290(a)(1) and has achieved a le	evel of competency sufficient to function independently as an rized under 10 CFR 35.100 and 35.200.
l			OR
l	Training and Exp	perience	
l .	l attest that		has satisfactorily completed the 700 hours of training
i	•	Name of Proposed Authorized User	-
	CFR 35.290((c)(1), and has achieved a level	hours of classroom and laboratory training, required by 10 el of competency sufficient to function independently as an rized under 10 CFR 35,100 and 35,200.
	ed Section lete the following	g for preceptor attestation and	d signature:
	I meet the re	equirements below, or equivaler	nt Agreement State requirements, as an authorized user for:
	35.190	35.290 35.390	35.390 + generator experience
Name o	of Preceptor	Signature	Telephone Number Date
Peter Ar	rfken, M.D.	IIIM	(317) 328-5050 11/15/07
License	Permit Number/Fac	cility Name	
13-3222	25-01/St. Vincent No.	orthwest Radiology, LLC	

NRC FORM 313A (AUD) (3-2007)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE

APPROVED BY OMB: NO. 3150-0126

AND PRECEPTOR for uses defined under 35, [10 CFR 35,190, 35,	EXPIRES: 10/3	11/2008	
ame of Proposed Authorized User	State or Territory Where Li	censed	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,
arren Kent Hansen, M.D.	Indiana		
equested Authorization(s) (check all that ap	oply)		
35.100 Uptake, dilution, and excretion stu	udies		
35.200 Imaging and localization studies			
35.500 Sealed sources for diagnosis (spe	ecify device)	
	T I TRAINING AND EXPERIENCE ect one of the three methods below)		
Training and Experience, including board of the date of application or the individual mu- the required training and experience was of education and experience related to the us	ust have obtained related continuing edu- completed. Provide dates, duration, and	cation and experie	nce since
1. Board Certification			
a. Provide a copy of the board certificati	tion.		
 b. If using only 35.500 materials, stop he Preceptor Attestation. 	iere. If using 35.100 and 35.200 materia	ils, skip to and com	nplete Part II
2. Current 35.390 Authorized User Sec	eking Additional 35.290 Authorization	Į.	
 a. Authorized user on Materials License State requirements seeking authoriza b. Supervised Work Experience. (If more than one supervising individual copies of this section.) 		t 35.390 or equival	
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 li authorized user	sting supervising ind	lividual as an
Supervisor meets the requirements below	rator experience in 32.290(c)(1)(ii)(G)	ements (check all i	that apply).

FORM 313A (AUD) ⁷⁾ AUTHORIZED USER TRAINING ANI	ID EXPERIENCE AND PRECEPTOR AT		ATORY COMMISS ontinued)
. Training and Experience for Propose	ed Authorized User		
a. Classroom and Laboratory Training.			
Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and nstrumentation			
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. Supervised Work Experience (complet) 	al is necessary to document supervised t	30). work experience,	I
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		Yes No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		Yes No	

Training and Experience for Pro	posed Authorize	d User (continued)		
b. Supervised Work Experience.	(continued)			
Description of Experience Must Include:		on of Experience/License e ermit Number of Facility	or Confirm	Dates of Experience
Calculating, measuring, and safely preparing patient or human resear subject dosages			Yes No	
Using administrative controls to prevent a medical event involving use of unsealed byproduct materia			Yes No	
Using procedures to contain spille byproduct material safely and usin proper decontamination procedure	ng		Yes No	
Administering dosages of radioact drugs to patients or human resear subjects		, , , , , , , , , , , , , , , , , , , ,	☐ Yes	
Eluting generator systems approprior the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent cits to prepare labeled radioactive drugs	•		☐ Yes ☐ No	
Supervising Individual		License/Permit Number authorized user	r listing supervising indi	vidual as an
Supervisor meets the requirement	· ·	ilent Agreement State requ		
c. For 35.590 only, provide docum	nentation of trainin	ng on use of the device.		
Device	Type of Tr	aining	Location and Dates	

NRC FC (3-2007)	AUTHORIZED (USER TRAININ	G AND EXPERI	ENCE AND PRECE	U.S. NUCLEAR REGULATORY COMMISSION EPTOR ATTESTATION (continued)
		1	PART II - PREC	CEPTOR ATTESTA	TION
Note:	individual as long one preceptor is	ng as the preceptors as the preceptor of the precessary to do	tor provides, direc	ects, or verifies traini ence, obtain a separa	ceptor does not have to be the supervising ing and experience required. If more than rate preceptor statement from each. (Not
	Section k one of the follov	wing for each u	se requested:		
	<u>r 35.190</u>				
I	Board Certification	<u>ion</u>			
		Warren K. Hanse		has satisfactoril	ly completed the requirements in
		•	sed Authorized User	_	
				el of competency su ted under 10 CFR 35	ufficient to function independently as an 5.100.
	Training and Ev			OR	
	Training and Exp				
	l attest that		the stand I look	has satisfactoring	ly completed the 60 hours of training and
(35.190(c)(1),	including a minim), and has achieve	red a level of com		boratory training, required by 10 CFR to function independently as an 5.100.
<u>For</u>	r 35.290				
	Board Certification	<u>.on</u>			
	I attest that		en, M.D. sed Authorized User	has satisfactorily	y completed the requirements in
		290(a)(1) and has	s achieved a level	el of competency suf ed under 10 CFR 35	ifficient to function independently as an 5.100 and 35.200.
	Training and Exp	nerie <u>nce</u>		OR	
	I attest that			has satisfactorily	y completed the 700 hours of training
	CFR 35.290(d	nce, including a m (c)(1), and has ac	chieved a level of		nd laboratory training, required by 10 clent to function independently as an 5.100 and 35.200.
	nd Section lete the following	for preceptor a	ittestation and s	signature:	*************************************
	I meet the re	quirements belov	w, or equivalent /	Agreement State re	equirements, as an authorized user for:
	✓ 35.190	 35.290	35.390	35.390 + ger	nerator experience
Name o	of Preceptor		Signature (7 7	Telephone Number Date
	urfken, M.D.		ITM	XV.	(317) 328-5050 11/15/07
	e/Permit Number/Faci 25-01/St. Vincent Nor	•			
	"300 IAOP AILIOCHELIA"	AUIMESE LAGGIOLOGY,	, LEO		

NRC FORM 313A (AUT)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION

PPROVED BY OMB: NO. 3156-0126 EXPIRES: 10/31/2008 (for uses defined under 35.300) [10 CFR 35.390, 35.392, 35.394, and 35.396] Name of Proposed Authorized User State or Territory Where Licensed Warren Kent Hansen, M.D. Indiana Requested Authorization(s) (check all that apply): 35,300 Use of unsealed byproduct material for which a written directive is required OR 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries) Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 35.300 gigabecquerels (33 millicuries) Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less 35.300 than 150 keV for which a written directive is required 35.300 Parenteral administration of any other radionuclide for which a written directive is required 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 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. For 35,390, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience. c. For 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. d. Skip to and complete Part II Preceptor Attestation. 2. Current 35,300, 35,400, or 35,600 Authorized User Seeking Additional Authorization a. Authorized User on Materials License under the requirements below or equivalent Agreement State requirements (check all that apply): 35.394 35.490 35.690 35.390 35.392 b. If currently authorized for a subset of clinical uses under 35,300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation. c. If currently authorized under 35.490 or 35.690 and requesting authorization for 35.390, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

. <u>Training and Experience for Pro</u>	oposed Authorize	d User		
a. Classroom and Laboratory Traini	ing 35.390	35.392	35.394	35.396
Description of Training	Location	on of Training	1 .7	lock Dates of ours Training*
Radiation physics and nstrumentation				
Radiation protection				
Mathematics pertaining to the use and measurement of radioactivity				
Chemistry of byproduct material for medical use				
Radiation biology				
Ŧc	otal Hours of Train	iling:		i
o. Supervised Work Experience	35.390	35.392	35.394	35.396
If more than one supervising indi of this page.	ividual is necessary	to document sup	ervised training, p	rovide multiple copies
Supervised Work Experience		Total H Experie		
Description of Experience Must Include:		kperience/License umber of Facility	or Co	onfirm Dates of Experience
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys				Yes No
Performing quality control procedures on instruments				Yes
used to determine the activity of dosages and performing checks for proper operation of survey meters				No
Calculating, measuring, and safely preparing patient or				Yes
human research subject dosages				No
Using administrative controls to				Yes
prevent a medical event involving the use of unsealed byproduct material				No
· · · · · · · · · · · · · · · · · · ·			П	Yes
Using procedures to contain spilled byproduct material			· L_3	1,00

FORM 313A (AUT) AUTHORIZED USER TRAIL	NING AND EXPERIE	U.S. NUCLEAR REGULAT NCE AND PRECEPTOR ATTESTATION (COI	•
Training and Experience for P	roposed Authorized	<u>User</u> (continued)	
b. Supervised Work Experience	(continued)		
Supervising Individual		License/Permit Number listing supervising indi- authorized user	vidual as an
apply)**: 35.390 With experience a 35.392 Oral Nal-131 gigabecquere Oral Nal-131 Parenteral ad energy less th	administering dosages requiring a written dire als (33 millicuries) in quantities greater the alministration of beta-er than 150 keV requiring lministration of any other	or equivalent Agreement State requirements (s of: ective in quantities less than or equal to 1.22 man 1.22 gigabecquerels (33 millicuries) mitter, or photon-emitting radionuclide with a p a written directive is required mer radionuclide requiring a written directive ering dosages in the same dosage category or categories	hoton
multiple copies of this page.	individual is necessar	y to document supervised work experience, p Location of Experience/License or Permit	rovide Dates of
Description of Experience	Involving Personal Participation	Number of Facility	Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)			
Oral administration of sodium iodide I-131 requiring a written			
directive in quantities greater than 1.22 gigabecquerels (33			
directive in quantities greater than 1.22 gigabecquerels (33 millicuries) Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required			

(List radionuclides)

AUTHORIZED USER TRAINING AND	U.S. NUCLEAR REGULATORY COMMISSION EXPERIENCE AND PRECEPTOR ATTESTATION (continued)					
3. Training and Experience for Proposed A						
c. Supervised Clinical Case Experience (co	······································					
Supervising Individual						
Supervising individual	License/Permit Number listing supervising individual as an authorized user					
Supervising individual meets the requirement apply)**:	nts below, or equivalent Agreement State requirements (check all that					
35.390 With experience administering	g dosages of:					
35.392 Oral Nal-131 requiring a						
35.394 gigabecquerels (33 million	uries)					
11 1 35 396	greater than 1.22 gigabecquerels (33 millicuries)					
Parenteral administration	of beta-emitter, or photon-emitting radionuclide with a photon / requiring a written directive is required					
Parenteral administration	of any other radionuclide requiring a written directive					
" Supervising Authorized User must have experience requesting authorized user status.	e in administering dosages in the same dosage category or categories as the individual					
d. Provide completed Part II Preceptor Atte	station.					
PART II	- PRECEPTOR ATTESTATION					
individual as long as the preceptor provid	ridual's preceptor. The preceptor does not have to be the supervising des, directs, or verifies training and experience required. If more than experience, obtain a separate preceptor statement from each.					
st Section ack one of the following for each requested	d authorization:					
For 35.390:						
Doard Certification						
l attest that	has satisfactorily completed the training and experience					
Name of Proposed Auth	orized User					
requirements in 35.390(a)(1).						
	OR					
	OR					
Training and Experience						
1 attest that	has satisfactorily completed the 700 hours of training					
Name of Proposed Auth	orized User					
and experience, including a minimum 10 CFR 35.390 (b)(1).	of 200 hours of classroom and laboratory training, as required by					

3-2007)		U.S. NUCLEAR REGULATORY COMMISSION
AUTHORIZED) USER TRAINING AND EXPER	RIENCE AND PRECEPTOR ATTESTATION (continued)
Preceptor Attestation	(continued)	
First Section (conf	linued)	
For 35.392 (Identic	cal Attestation Statement Rega	ardiess of Training and Experience Pathway):
√ I attest that	Warren Kent Hansen, M.D. Name of Proposed Authorized User	has satisfactorily completed the 80 hours of classroom
		R 35.392(c)(1), and the supervised work and clinical case
For 35.394 (Identic	cal Attestation Statement Regs	ardless of Training and Experience Pathway):
l attest that	**	has satisfactorily completed the 80 hours of classroom
***	Name of Proposed Authorized User	İ
	ry training, as required by 10 CFF equired in 35.394(c)(2).	R 35.394 (c)(1), and the supervised work and clinical case
Second Section		!
i attest that	Warren Kent Hansen, M.D.	has satisfactorily completed the required clinical case
evnerience re	equired in 35.390(b)(1)(ii)G listed	
		;
	131 requiring a written directive in querels (33 millicuries)	in quantities less than or equal to 1.22
Oral Nal-	131 in quantities greater than 1.2	22 gigabecquerels (33 millicuries)
	al administration of beta-emitter, cas than 150 keV requiring a writte	or photon-emitting radionuclide with a photon en directive is required
Parentera	al administration of any other radi	ionuclide requiring a written directive
Third Section		
I attest that	Warren Kent Hansen, M.D.	has satisfactorily achieved a level of competency to
	Name of Proposed Authorized User	
function inde	pendently as an authorized user	for:
	131 requiring a written directive in uerets (33 millicuries)	in quantities less than or equal to 1.22
Oral Nal-1	131 in quantities greater than 1.2	22 gigabecquerels (33 millicuries)
	al administration of beta-emitter, class than 150 keV requiring a writte	or photon-emitting radionuclide with a photon en directive is required
	. •	ionuclide requiring a written directive

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NRC FORM 313A (AUT)		U.S. NUCLEAR REGULATORY COMMISSION
(3-2007) AUTHORIZE	D USER TRAINI	NG AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)
Fourth Section		
<u> For 35.396:</u>		
<u>Current 35.490</u>	or 35.690 autho	rized user:
l attest that	Name of Pro	is an authorized user under 10 CFR 35.490 or 35.690
or equivalen	it Agreement Stat	te requirements, has satisfactorily completed the 80 hours of classroom and
experience	required by 35.39 tly as an authorize	of by 18 CFR 35,396 (d)(1), and the supervised work and clinical case (6(d)(2), and has achieved a level of competency sufficient to function ed user for:
		of any beta-emitter, or photon-emitting radionuclide with a photon energy less written directive is required
Parentes	al administration (of any other radionactide for which a written directive is required
		OR
Board Certifica	ition:	
i attest that		has satisfactorily completed the board certification
		posed Authorized User as satisfactorily completed the 80 hours of classroom and laboratory training
35.396(d)(2) authorized u	to CFR 35.345 (c), and has achieven user for:	(1) and the supervised work and clinical case experience required by ed a level of competency sufficient to function independently as an of any beta-emitter, or photon-emitting radionuclide with a photon energy less
		written directive is required
Parenter	al adminstration (of any other radionuclide for which a written directive is required

Fifth Section Complete the following	ing for preceptor	r attestation and signature:
✓ I meet the requ	irements below, o	or equivalent Agreement State requirements, as an authorized user for:
√ 35.390	35.392	35.394 35.396
		dosages in the following categories for which the proposed Authorized User is
Oral Nal-13	1 requiring a writt	ten directive in quantities less than or equal to 1.22 gigabecquerels (33
1 —	•	eater than 1.22 gigabecquerels (33 millicuries)
Parenteral a 150 keV red	administration of t quiring a written d	beta-emitter, or photon-emitting radionuclide with a photon energy less than lirective is required
Parenteral	administration of a	any other radionactide requiring a written directive
Name of Preceptor Peter Arfken, M.D. License/Permit Number/	Facility Name	Signature Telephone Number Date 11/15/07

13-32225-01/St. Vincent Northwest Radiology LLC

NRC FORM 313A (AUT) (3-2007)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION

APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2008

					fined under 35. 5.392, 35.394, a			EAPTILES. TOTAL LANGE
		•	sed Authoriz			State or Territory V	Where License	ed
Wa	MTOD	Kent Har	nsen, M.D.			Indiana		
Re	que	sted Aut	horization	n(s) (check all tha	at apply):			
-		35.300	Use of t	ınsealed byprodi	iuct material for whi	ich a written directi	ive is require	ed
	OR							
-	Ø	35.300		ministration of so pabecquerels (33		requiring a written	directive in (quantities less than or equal to
		35.300		ministration of soc equerels (33 millio		requiring a written	directive in (quantities greater than 1.22
		35.300			n of any beta-emitte a written directive is		ting radionuc	clide with a photon energy less
		35.300	Parente	ral administratior	n of any other radio	onuclide for which:	a written dire	ective is required
	April 1990				PART I — TRAININ Select one of the I			
	of a exp to t	application applic	ion or the e was com s checked	individual must h poleted. Provide Labove.	have related contin	nuing education and	nd experience	in the 7 years preceding the date e since the required training and lucation and experience related
√	į 1.	Board C	Certificati	<u>ion</u>				
				of the board certif				
-	ъ.			ride documentation ment this experie		tinical case experi	ience. The ta	able in section 3.c. may
	C.	and sup	pervised o		ion on classroom ar erience. The table			sed work experience, c. may be used to
	d.	Skip to	and com	plete Part II Prec	ceptor Attestation.			
	•			• '	00 Authorized Use	er Seeking Additic	onal Author	ization
	a.			on Materials Lice		- £.s.	unde	er the requirements below or
		equivair	ent Agree	ment State requ	uirements (check al	ll that apply):		
		35.3	390	35.392	35.394	35.490	35.690	0
	b.	required	d supervis	sed case experie	et of clinicat uses u ence. The table in eted Part II Precept	section 3.c. may b		ntation on additional ocument this
	C.	docume case ex	entation o xperience.	on classroom and . The tables in se		g, supervised work and 3.c. may be us	k experience,	.396, provide , and supervised clinical nent this experience.

AUTHORIZED USER TRAINING	IG AND EXPERIENCE AND PRECEPT	TOR ATTESTATION (cc	ontinued)
3. Training and Experience for Pro			
a. Classroom and Laboratory Traini	ning 35.390 35.392	35.394	35.396
Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use			
Radiation biology			
Tr	otal Hours of Training:		<u></u>
 Supervised Work Experience If more than one supervising indirection of this page. Supervised Work Experience 	35.390 35.392 lividual is necessary to document super	rvised training, provide m	35.396 nultiple copies
Super vices	Experience		
Description of Experience Must Include:	Location of Experience/License o Permit Number of Facility	or Confirm	Dates of Experience
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys		☐ Yes ☐ No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		☐ Yes ☐ No	
Calculating, measuring, and safely preparing patient or human research subject dosages		☐ Yes ☐ No	
Using administrative controls to		☐ Yes	
prevent a medical event involving the use of unsealed byproduct material		1	4

any beta-emitter, or

photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

Parenteral adminstration of any other radionuclide for which a written directive is required

(List radionucides)

NRC FORM 313A (AUT) (3-2007)	U.S. NUCLEAR REGULATORY COMMISSION
•	AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued) Training and Experience for Proposed Authorized User (continued) c. Supervising Individual License/Permit Number listing supervising individual as an authorized user Supervising Individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**: 35.390 With experience administering dosages of: 35.392 Oral Nal-131 requiring a written directive in quantities less than or equal to 1.22 glabacquerels (33 millicuries) Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required. Parenteral administration of any other radionuclide requiring a written directive required authorized user status. d. Provide completed Part II Preceptor Attestation. PART II – PRECEPTOR ATTESTATION 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. 1 Section ck one of the following for each requested authorization: For 35.390: Board Certification Name of Proposed Authorized User requirements in 35.390(a)(1). OR Training and Experience
3. Training and Experience	for Proposed Authorized User (continued)
c. Supervised Clinical Car	se Experience (continued)
Supervising Individual	
	ets the requirements below, or equivalent Agreement State requirements (check all that
35.390 With experi	ence administering dosages of:
digabec	I-131 requiring a written directive in quantities less than or equal to 1.22 equerels (33 millicuries)
☐ 35.396 ☐ Oral Na	eral administration of beta-emitter, or photon-emitting radionuclide with a photon
Parente	ral administration of any other radionuclide requiring a written directive
d. Provide completed Parl	t Il Preceptor Attestation.
	And Experience for Proposed Authorized User (continued) and Experience for Proposed Authorized User (continued) rivised Clinical Case Experience (continued) ing Individual License/Permit Number listing supervising individual as an authorized user ling individual meets the requirements below, or equivalent Agreement State requirements (check all that authorized user) With experience administering dosages of: Oral Nal-131 requiring a written directive in quantities less than or equal to 1.22 glabecouverels (33 millicuries) Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon emitting authorized user status. Parenteral administration of any other radionuclide requiring a written directive in exquired Parenteral administration of any other radionuclide requiring a written directive indigential authorized user status. Part II - PRECEPTOR ATTESTATION part must be completed by the individual's preceptor. The preceptor does not have to be the supervising dual as long as the preceptor provides, directs, or verifies training and experience required. If more than receptor is necessary to document experience, obtain a separate preceptor statement from each. If the following for each requested authorization: 90: d Certification Almen of Proposed Authorized User with experience including a minimum of 200 hours of classroom and laboratory training, as required by
individual as long as the	AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued) Training and Experience for Proposed Authorized User (continued) Supervising Individual
First Section Check one of the following fo	each requested authorization:
For 35.390:	USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued) Intence for Proposed Authorized User (continued) Ical Case Experience (continued) Ical Case Experience (continued) Ical Case Experience (continued) Ical Case Experience (continued) Ical Case Experience (continued) Ical Case Experience (continued) Ical Case Experience (continued) Ical Case Experience (continued) Ical Case Experience (continued) Ical Case Experience (continued) Ical Case Experience (continued) Ical Case Experience (continued) Ical Case Experience (continued) Ical Case Experience (continued) Ical Case Experience (continued) Ical Case Experience (continued) Ical Case Experience (continued) Ical Case
Board Certification	AMNING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued) r Proposed Authorized User (continued) Experience (continued) License/Permit Number listing supervising individual as an authorized user the requirements below, or equivalent Agreement State requirements (check all that authorized user) administering dosages of: 31 requiring a written directive in quantities less than or equal to 1.22 erests (33 millicuries) 33 in quantities greater than 1.22 gigabecquerels (33 millicuries) administration of beta-emitter, or photon-emitting radionuclide with a photon is than 150 keV requiring a written directive is required administration of any other radionuclide requiring a written directive is have experience in administering dosages in the same dosage category or categories as the individual at have experience in administering dosages in the same dosage category or categories as the individual are receptor Attestation. PART II – PRECEPTOR ATTESTATION end by the individual's preceptor. The preceptor does not have to be the supervising receptor provides, directs, or verifies training and experience required. If more than you document experience, obtain a separate preceptor statement from each. has satisfactorily completed the training and experience me of Proposed Authorized User ((a)(1). OR has satisfactorily completed the 700 hours of training me of Proposed Authorized User
i attest that	
requirements in 35.3	390(a)(1).
	OR
Training and Experier	1CB
I attest that	has satisfactorily completed the 700 hours of training
and experience, incl	luding a minimum of 200 hours of classroom and laboratory training, as required by
•	· ·

NRC FORM 313A (AUT) (3-2007)		U.S. NUCLEAR REGULATORY COMMISSION	
B 1	Section (continued) 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway): I attest that Warren Kent Hansen, M.D. has satisfactorily completed the 80 hours of classroom Name of Proposed Authorized User and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case experience required in 35.392(c)(2). 35.394 (Identical Attestation Statement Regardless of Training and Experience Pathway): I attest that Name of Proposed Authorized User has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case experience required in 35.394(c)(2). I attest that Warren Kent Hansen, M.D. has satisfactorily completed the required clinical case experience required in 35.390(b)(1)(ii)G listed below: Oral Nal-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquereis (33 millicuries) Parenteral administration of beta-emitter, or photon-emitting radiniouslide with a photon energy less than 150 keV requiring a written directive is required Parenteral administration of any other radionuclide requiring a written directive reduced Parenteral administration of any other radionuclide requiring a written directive required Parenteral administration of any other radionuclide requiring a written directive required Parenteral administration of any other radionuclide requiring a written directive required Parenteral administration of any other radionuclide requiring a written directive required Parenteral administration of any other radionuclide requiring a written directive Parenteral administration Parenteral		
Preceptor Attestation	AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued) tor Attestation (continued) Section (continued) 35,392 (Identical Attestation Statement Regardless of Training and Experience Pathway); I attest that Warren Kent Hansen, M.D. has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case experience required in 35.392(c)(2). 35,394 (Identical Attestation Statement Regardless of Training and Experience Pathway); I attest that has a satisfactorily completed the 80 hours of classroom Name of Proposed Authorized User and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case experience required in 35.394(c)(2). Ind Section I attest that Warren Kent Hansen, M.D. has satisfactorily completed the required clinical case experience required in 35.390(b)(1)(ii)G listed below: Oral Nal-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries) Parenteral administration of beta-emitter, or photon-emitting radiouclide with a photon energy less than 150 keV requiring a written directive is required Parenteral administration of any other radionuclide requiring a written directive in Parenteral administration of any other radionuclide requiring a written directive in required in a statisfactorily achieved a level of competency to Name of Proposed Authorized User function independently as an authorized User function independently as an authorized user for: Oral Nal-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)		
First Section (con/	Attention (continued) (continu		
For 35.392 (Identi	cal Attestation Statement Regard	PERIENCE AND PRECEPTOR ATTESTATION (continued) Pagardless of Training and Experience Pathway): has satisfactorily completed the 80 hours of classroom Period Pagardless of Training and Experience Pathway): has satisfactorily completed the 80 hours of classroom Period Pagardless of Training and Experience Pathway): has satisfactorily completed the 80 hours of classroom Period Pagardless of Training and Experience Pathway): has satisfactorily completed the required clinical case has satisfactorily completed the required clinical case ted below: The in quantities less than or equal to 1.22 1.22 gigabecquerels (33 millicuries) For or photon-emitting radionuclide with a photon ritten directive is required has satisfactorily achieved a level of competency to period Pagardless of Training and Experience Pathway): has satisfactorily achieved a level of competency to period Pagardless of Training and Experience Pathway): has satisfactorily achieved a level of competency to period Pagardless of Training and Experience Pathway): has satisfactorily completed the 80 hours of classroom has satisfactorily completed the 80 hours of classroom has satisfactorily completed the required clinical case has satisfactorily completed the required clinical case has satisfactorily completed the required clinical case has satisfactorily completed the required clinical case has satisfactorily completed the 80 hours of classroom has satisfactorily completed the 80 hours of classroom has satisfactorily completed the 80 hours of classroom has satisfactorily completed the 80 hours of classroom has satisfactorily completed the 80 hours of classroom has satisfactorily completed the 80 hours of classroom has satisfactorily completed the 80 hours of classroom has satisfactorily completed the 80 hours of classroom has satisfactorily completed the 80 hours of classroom has satisfactorily completed the 80 hours of classroom has satisfactorily completed the 80 hours of classroom has satisfactorily completed the 80	
☑ I attest that	-	has satisfactorily completed the 80 hours of classroom	
		i5.392(c)(1), and the supervised work and clinical case	
For 35.394 (Identic	cal Attestation Statement Regard	less of Training and Experience Pathway):	
l attest that	Name of Proposed Authorized User	has satisfactorily completed the 80 hours of classroom	
		5.394 (c)(1), and the supervised work and clinical case	
Second Section		· = = = = = = = = = = = = = = = = = = =	
✓ I attest that		has satisfactorily completed the required clinical case	
	•		
experience re	equired in 35.390(b)(1)(ii)G listed be	How:	
		uantities less than or equal to 1.22	
Oral Nal-	131 in quantities greater than 1.22 g	gigabecquerels (33 millicuries)	
Parentera	al administration of any other radionu	uclide requiring a written directive	
Third Section		***************************************	
✓ I attest that	and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case experience required in 35.392(c)(2). For 35.394 (Identical Attestation Statement Regardless of Training and Experience Pathway): lattest that		
function inde	·	:	
	Interior (continued) Interior		
Oral Nal-1	AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued) prof Attestation (continued) at Section (continued) r 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway): I attest that Warren Kent Hansen, M.D. has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case experience required in 35.392(c)(2). r 35.394 (Identical Attestation Statement Regardless of Training and Experience Pathway): I attest that has satisfactorily completed the 80 hours of classroom		
First Section (continued) For 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway): I attest that Warren Kent Hansen, M.D. has satisfactorily completed the 80 hours of class experience required in 35.392(c)(2). For 35.394 (Identical Attestation Statement Regardless of Training and Experience Pathway): and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case experience required in 35.392(c)(2). For 35.394 (Identical Attestation Statement Regardless of Training and Experience Pathway): and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case experience required in 35.394(c)(2). Second Section I attest that Warren Kent Hansen, M.D. has satisfactorily completed the required clinical of experience required in 35.390(b)(1)(ii)G listed below: Oral Nal-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries) Oral Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries) Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required Parenteral administration of any other radionuclide requiring a written directive function independently as an authorized user for: Oral Nal-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries) Oral Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries) Oral Nal-131 in quantities greater than 1.22 gigabecquerels (33 millicuries) Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required			
Parentera	Il administration of any other radionu	iclide requiring a written directive	

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NRC FORM 313A (AUT)			U.S. NUCLEAR REGULATORY COMMISSION
(3-2007)		UNG AND EXPER	RIENCE AND PRECEPTOR ATTESTATION (continued)
Fourth Section			
For 35.396:			
Current 35.4	90 or 35.690 auth	orized user:	
l attest the	at		is an authorized user under 10 CFR 35 490 or 35 690
		roposed Authorized User	
laboratory experience	training, as require required by 35.3	ed by 10 CFR 35. 96(d)(2), and has	396 (d)(1), and the supervised work and clinical case
Parent	eral adminstration	of any other radio	anuclide for which a written directive is required
	_		OR
Board Certifi	cation:		
l attest tha	nt		has satisfactorily completed the board certification
required to 35.396(d)(nts of 35.396(c), h y 10 CFR 35. 396 (2), and has achiev	as satisfactorily co	ervised work and clinical case experience required by
Parente	eral adminstration	of any other radio	muclide for which a written directive is required
Fifth Section			
	ving for precepto	r attestation and	signature:
I meet the req	uirements below,	or equivalent Agre	eement State requirements, as an authorized user for:
✓ 35.390	35.392	35.394	35.396
		dosages in the fo	oflowing categories for which the proposed Authorized User is
		ten directive in qu	antities less than or equal to 1.22 gigabecquerels (33
✓ Oral Nal-1	31 in quantities gr	eater than 1.22 gi	gabecquerels (33 millicuries)
	I attest that		

Parenteral administration of any other radionuclide requiring a written directive

Signature

Name of Preceptor

Peter Arfken, M.D.

License/Permit Number/Facility Name

3-32225-01/St. Vincent Northwest Radiology LLC

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 Medicins
Hereby certifies that

Carlo Roberto Cazzaro, MB

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 fourteenth day of Jane, 2006
Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of

Diagnostic Radiology

AH Fligible

SOARO IN THE OISTENCE COMPANY

They o Hidaman in

Lu gue

NRC FORM 313A (AUD) (3-2007)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE

APPROVED BY OMB: NO. 3150-0120

		(for uses defined under 3	5.100, 35.200	, and 35.500)	EXPIRES: 10/3	1/2008
Van	1 0 0	f Proposed Authorized User		State or Territory Where Licer	nsed	
Carl	o R	. Lazzaro, M.D.		Indiana		
₹ec	ue	sted Authorization(s) (check all that ap	pply)			*
Z	35.	100 Uptake, dilution, and excretion st	udies			
<u>V</u>	35.	200 Imaging and localization studies				
	AND PRECEPTOR ATTESTATION (for uses defined under 35.100, 35.200, and 35.500) [10 CFR 35.190, 35.290, and 35.500] ame of Proposed Authorized User arian Residence of Proposed Authorized Indiana Indiana State or Territory Where Licensed Indiana					
•						
ti ti	he d he i	date of application or the individual mu required training and experience was	ust have obtained completed. Prov	d related continuing educat vide dates, duration, and de	tion and experied	nce since
√	1.	Board Certification				
	a.	Provide a copy of the board certificate	ition.			
	b.		here. If using 35	.160 and 35.200 materials,	skip to and com	plete Part II
]	2.	Current 35.390 Authorized User Se	eking Additiona	al 35.290 Authorization		
	a.	Authorized user on Materials License	e	meeting 10 CFR 3	5.390 or equival	ent Agreement
		State requirements seeking authoriz	ation for 35.290.			
	b.	(If more than one supervising individ	dual is necessary	to document supervised w	vork experience,	provide multiple
		Description of Experience				
	ra te pu wi	ppropriate for the preparation of dioactive drugs for imaging and calization studies, measuring and sting the eluate for radionuclidic urity, and processing the eluate th reagent kits to prepare labeled				
	-		Total Hours	of Experience:		
	Sı	pervising Individual	PART I TRAINING AND (Select one of the three in and Experience, including board certification, must have and experience, including board certification, must have and experience was completed. Provide d and experience related to the uses checked above. A Certification Tide a copy of the board certification. Tide a copy of the board certification. Tide a copy of the board certification. Tide a copy of the board certification. Tide a copy of the board certification. Tide a copy of the board certification. Tide a copy of the board certification. Tide a copy of the board certification. Tide a copy of the board certification. Tide a copy of the board certification. Tide a copy of the board certification. Tide a copy of the board certification. Tide a copy of the board certification. Tide a copy of the board certification. Total Hours of Experience generator systems interest for the preparation of the drugs for imaging and the eluate for radionuclidic and processing the eluate gent kits to prepare labeled tive drugs Total Hours of Experience generator systems in the preparation of the company of the c	:	ng supervising ind	lividual as an
	Si	· ·	· ·		nents (check all i	that apply).

. Training and Experience for Propos	sed Authorized User		
a. Classroom and Laboratory Training.			
Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			f
Chemistry of byproduct material for medical use (not required for 35.590)			
Radiation biology			
<u> </u>	Total Hours of Training:		
b. Supervised Work Experience (completely lighter) (If more than one supervising individual provide multiple copies of this section Supervised Work Experience	lual is necessary to document supervis	ed work experience,	
Description of Experience Must Include:	Location of Experience/License o Permit Number of Facility	r Confirm	Dates of Experience
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	A	☐ Yes ☐ No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		☐ Yes ☐ No	

raining and Experience for Proposed)				
. Supervised Work Experience. (contin	nued)		,			
Description of Experience Must Include:	Location of Experience/Lic Permit Number of Fac		Dates of Experience			
Calculating, measuring, and safely preparing patient or human research subject dosages		Yes No	!			
Using administrative controls to prevent a medical event involving the lise of unsealed byproduct material		☐ Yes				
Jsing procedures to contain spilled by product material safely and using proper decontamination procedures		Yes No				
Administering dosages of radioactive lrugs to patients or human research ubjects		☐ Yes ☐ No				
cluting generator systems appropriate or the preparation of radioactive lrugs for imaging and localization studies, measuring and testing the cluate for radionuclidic purity, and processing the eluate with reagent sits to prepare labeled radioactive lrugs		☐ Yes				
Supervising Individual	License/Permit I authorized user	License/Permit Number listing supervising individual as an authorized user				
Supervisor meets the requirements below 35.190 35.290 35.290 35.590 only, provide documentation	35.390	ator experience in 35.290(c	:)(1)(ii)(G)			

NRC FO (3-2007)	RM 313A (AUD) AUTHORIZED (USER TRAINING	G AND EXPERI	ENCE AND PRECEPT		
	<u></u>	į	PART II – PREC	EPTOR ATTESTATIO	N	
Note:	individual as lon- one preceptor is	g as the precept necessary to do	or provides, dire cument experie	cts, or verifies training a nce, obtain a separate	and experience required. I	f more than
		wing for each us	se requested:			
		eg -mv emeri en				
	. —	<u>on</u>	the individual's preceptor. The preceptor does not have to be the supervising or provides, directs, or verifies training and experience required. If more than occument experience, obtain a separate preceptor statement from each. (Not ments in 35.590) see requested: o, M.D. has satisfactorily completed the requirements in lead Authorized User s achieved a level of competency sufficient to function independently as an earl uses authorized under 10 CFR 35.100. OR has satisfactorily completed the 60 hours of training and lead Authorized User and a level of competency sufficient to function independently as an earl uses authorized under 10 CFR 35.100. O, M.D. has satisfactorily completed the requirements in lead Authorized User as achieved a level of competency sufficient to function independently as an earl uses authorized under 10 CFR 35.100 and 35.200. OR has satisfactorily completed the 700 hours of training lead Authorized User minimum of 80 hours of classroom and laboratory training, required by 10 chieved a level of competency sufficient to function independently as an earl uses authorized under 10 CFR 35.100 and 35.200. OR has satisfactorily completed the 700 hours of training lead Authorized User minimum of 80 hours of classroom and laboratory training, required by 10 chieved a level of competency sufficient to function independently as an earl uses authorized under 10 CFR 35.100 and 35.200. attestation and signature: Decrease authorized user for: I signature Telephone Number Date			
			o, M.D.	has satisfactorily co	ompleted the requirements	in
				_		
						ntly as an
<u>For</u>	<u> </u>			OR		
	Training and Ex	<u>perience</u>				
	i attest that			has satisfactorily co	ompleted the 60 hours of tr	aining and
	35.190(c)(1)	including a minir , and has achiev	num of 8 hours o	npetency sufficient to fi	unction independently as a	
For	35.290					
	Board Certificati	<u>on</u>				
	attest that			has satisfactorily co	ompleted the requirements	in
	10 CFR 35.2 authorized u	90(a)(1) and ha	s achieved a lev	el of competency suffic ed under 10 CFR 35.1	ient to function independer 00 and 35.200.	ntly as an
	Taninia			OR		
		репепсе		garan sahada a ha	der 10 CFR 35.100. as satisfactorily completed the 60 hours of training and asroom and laboratory training, required by 10 CFR acy sufficient to function independently as an ider 10 CFR 35.100. as satisfactorily completed the requirements in competency sufficient to function independently as an ider 10 CFR 35.100 and 35.200. as satisfactorily completed the 700 hours of training of classroom and laboratory training, required by 10 independently as an ider 10 CFR 35.100 and 35.200. ature: ature:	
	I attest that	A	A Ab alread the	nas satisfactorily co	ompleted the 700 hours of	training
	CFR 35.290	nce, including a i	minimum of 80 h chieved a level o	of competency sufficier	it to function independently	
		spart must be completed by the individual's preceptor. The preceptor does not have to be the supervising vidual as long as the preceptor provides, directs, or verifies training and experience required. If more than preceptor is necessary to document experience, obtain a separate preceptor statement from each. (Not uired to meet training requirements in 35.590) or of the following for each use requested: 90 and Certification I attest that Carlo R. Lazzaro, M.D. Answer of Proposed Authorized User OR Initial and Experience I attest that Answer of Proposed Authorized User OR Name of Proposed Authorized User OR OR OR 10 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 Name of Proposed Authorized User OPER OP				
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 Beard Certification I attest that Carlo R. Lazzaro, M.D. has satisfactorily completed the requirements in Name of Proceed 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 Iraining and Experience I attest that 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 35.190(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 Carlo R. Lazzaro, M.D. has satisfactorily completed the requirements in Name of Proceed 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 Iraining and Experience I attest that 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 OR Iraining and Experience I attest that has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized user for 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 user for 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: I i meet the requirements below, or equivalent Agreemen						
	35.190	√ 35.290	35.390	35.390 + gener	rator experience	
Name (of Preceptor		Signature		Telephone Number	
Peter A	ırfken, M.D.		K NI	11	(317) 328-5050	11/15/07
License	Permit Number/Fa	icility Name		$oldsymbol{w}$		
required to meet training requirements in 36.590) First Section Check one of the following for each use requested: For 35.190 Beard Certification I steest that Cario R. Lazzaro, M.D. Name of Preposed 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 steest that has satisfactorily completed the 60 hours of training and Name of Preposed 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 Beard Certification I attest that Cario R. Lazzaro, M.D. 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 has of Proposed Authorized User OR OR Training and Experience I attest that has 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: Telephone Number Facility Name Date Althorized User Telephone Number Facility Name						

NRC FORM 313A (AUD) (3-2007)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION

APPROVED BY OMB: NO. 3150-0120

		EXPIRES: 10/	
Name of Proposed Authorized User	State or Territory Where Li	censed	
Carlo R. Lazzaro, M.D.	Indiana		
Requested Authorization(s) (check all that a	apply)		
35.100 Uptake, dilution, and excretion st	tudies		
35:200 Imaging and localization studies			
35.500 Sealed sources for diagnosis (sp	pecify device)	
	RT I TRAINING AND EXPERIENCE lect one of the three methods below)		
the date of application or the individual m the required training and experience was	oust have obtained related continuing eduction completed. Provide dates, duration, and	cation and experie	nce since
7 1. Board Certification			
a. Provide a copy of the board certifica	ation.		
 b. If using only 35.500 materials, stop Preceptor Attestation. 	here. If using 35,100 and 35,200 materia	lls, skip to and con	npiete Part II
2. Current 35.390 Authorized User Se	peking Additional 35.290 Authorization		
a. Authorized user on Materials Licens	se meeting 10 CFR	35.390 or equival	ent Agreement
State requirements seeking authorize	zation for 35.290.		
 Supervised Work Experience. (If more than one supervising individual copies of this section.) 	dual is necessary to document supervised	l work experience,	provide multiple
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:		
lequested 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 EXPLICATION (Select one of the three methors (Select one of the three methors) Training and Experience, including board certification, must have bee the date of application or the individual must have obtained related content erequired training and experience was completed. Provide dates, deducation 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 Preceptor Attestation. 2. Current 35.390 Authorized User Seeking Additional 35.290 A a. Authorized user on Materials License meeting authorization for 35.290. b. Supervised Work Experience. (If more than one supervising individual is necessary to docume copies of this section.) Description of Experience Permit Number of Eluting generator systems appropriate for the preparation of radioactive drugs for imaging 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 of Experience Reperting Individual License/Permit Number of Experience Repermit Number of Experience Repermit Number of Reperment Repermit Reperting Individual License/Permit Number of Reperment Repermit Reperting Individual License/Permit Number Permit Number of Reperment Repe	License/Permit Number li authorized user	sting supervising ind	lividual as an
Supervisor meets the requirements bek	ow, or equivalent Agreement State require	ements (check all i	that apply).
35.290 35.390 + gene	erator experience in 32.290(c)(1)(ii)(G)		ļ

	ND EXPERIENCE AND PRECEPTOR AT	ITESTATION (co	ontinued)
 Training and Experience for Propose Classroom and Laboratory Training. 	ed Authorized User		
Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
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			
7	Total Hours of Training:		<u></u>
	Total Hours of		
Description of Experience	Experience: Location of Experience/License or	Confirm	Dates of
Must Include: Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	Permit Number of Facility	Yes No	Experience
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		☐ Yes	

raining and Experience for Propo	sed Authorize	<u>d User</u> (continued)			
o. Supervised Work Experience. (co	ontinued)				
Description of Experience Must Include:		on of Experience/License ermit Number of Facility	or	Confirm	Dates of Experience
Calculating, measuring, and safely preparing patient or human research subject dosages				Yes No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		· · · · · · · · · · · · · · · · · · ·		☐ Yes ☐ No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures			Yes No		
Administering dosages of radioactive drugs to patients or human research subjects			Yes No		
Eluting generator systems appropriat or the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent cits to prepare labeled radioactive drugs			Yes No		
Supervising Individual	1	License/Permit Numb authorized user	er listing su	pervising indi	vidual as an
Supervisor meets the requirements b 35.190 35.290 5. For 35.590 only, provide documents	35.390	35.390 + generator e			
Device	Type of Tra		Local	tion and Da	tes

NRC FO 3-2007)	ORM 313A (AUD) AUTHORIZED (USER TRAINI	NG AND EXPER	U.S. NUCLEAR REGULATORY COMMISSION RIENCE AND PRECEPTOR ATTESTATION (continued)
			PART II - PREC	CEPTOR ATTESTATION
Note:	individual as long one preceptor is	ng as the precept s necessary to o	ptor provides, dire	preceptor. The preceptor does not have to be the supervising ects, or verifies training and experience required. If more than ence, obtain a separate preceptor statement from each. (Not 0)
	Section cone of the follov	wing for each	use requested:	
<u>For</u>	r 35.190			
	Board Certification	ion		
	I attest that		•	has satisfactorily completed the requirements in
	10 CFR 35.1		posed Authorized User las achieved a leve	vel of competency sufficient to function independently as an
				zed under 10 CFR 35.100.
				OR
	Training and Exp	<u>perience</u>		
	I attest that	Name of Pror	posed Authorized User	has satisfactorily completed the 60 hours of training and
	35.190(c)(1),	including a mini , and has achie	nimum of 8 hours o	of classroom and laboratory training, required by 10 CFR mpetency sufficient to function independently as an zed under 10 CFR 35.100.
For	35.290			
.	Board Certification	<u>on</u>		
	✓ I attest that	Carlo R. Lazza		has satisfactorily completed the requirements in
	10 OFF 05 0		oosed Authorized User	
	10 CFR 35.∠s authorized us	90(a)(1) and na ser for the med	as achieved a level lical uses authoriz	vel of competency sufficient to function independently as an zed under 10 CFR 35.100 and 35.200.
				OR
	Training and Exp	<u>verience</u>		
	l attest that	Name of Prop	osed Authorized User	has satisfactorily completed the 700 hours of training
	CFR 35.290(d	nce, including a (c)(1), and has a	minimum of 80 ho achieved a level o	nours of classroom and laboratory training, required by 10 of competency sufficient to function independently as an zed under 10 CFR 35.100 and 35.200.
, ~~~III(, ~~~III(d Section	-teresestation -	أعان من الأحداث عرفيات الأقال ا	***************************************
	a section ete the following	for preceptor	attestation and	signature:
	I meet the rec	quirements betr	ow, or equivalent	Agreement State requirements, as an authorized user for:
	35.190	√ 35.290	35.390	35.390 + generator experience
ame of	f Preceptor	· <u></u>	Signature	Telephone Number Date /3/7) 328-5050 11/15/07
eter Ar	rfken, M.D.		K MI	(317) 328-5050 "/15/07

License/Permit Number/Facility Name

13-32225-01/St. Vincent Northwest Radiology, LLC

NRC FORM 313A (AUT)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.300)

APPROVED BY OMB: NO. 3150-0120

EXPIRES: 10/31/2008 [10 CFR 35.390, 35.392, 35.394, and 35.396] Name of Proposed Authorized User State or Territory Where Licensed Carlo Roberto Lazzaro, M.D. Indiana Requested Authorization(s) (check all that apply): 35,300 Use of unsealed byproduct material for which a written directive is required OR √ 35.300 Oral administration of sodium iodide i-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries) 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 milliouries) 35.300 Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required 35.300 Parenteral administration of any other radionuclide for which a written directive is required 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 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. For 35.390, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience. c. For 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. d. Skip to and complete Part II Preceptor Attestation. 2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization a. Authorized User on Materials License under the requirements below or equivalent Agreement State requirements (check all that apply): 35.390 35.392 35.394 35.490 35.690 b. If currently authorized for a subset of clinical uses under 35.300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation. c. If currently authorized under 35.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

AUTHORIZED USER TRAINING	3 AND EXPERIEN	CE AND PRECEP	TOR ATTEST	ATION (co	ntinued)
3. Training and Experience for Pro			[T] 25 20/		05.000
a. Classroom and Laboratory Training	ng 35.390	35.392	35.394		35.396
Description of Training	Locatio	on of Training		Clock Hours	Dates of Training*
Radiation physics and instrumentation					
Radiation protection					
Mathematics pertaining to the use and measurement of radioactivity					
Chemistry of byproduct material for medical use					
Radiation biology					
To	otal Hours of Train	ing:			
b. Supervised Work Experience If more than one supervising indice of this page.	35,390 35,390 35,390 35,390 35,390 35,390			•	35.396 nultiple copies
Supervised Work Experience		Total Ho Experies			
Description of Experience Must Include:		operience/License cumber of Facility	or	Confirm	Dates of Experience
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys				Yes No	
Performing quality control procedures on instruments			ſ	∐ Yes ∏ No	
used to determine the activity of dosages and performing checks for proper operation of survey meters			1	_	
of dosages and performing checks for proper operation of		<u> </u>		Yes	
of dosages and performing checks for proper operation of survey meters Calculating, measuring, and safely preparing patient or human research subject				<u>_</u>	

FORM 313A (AUT) AUTHORIZED	USER TRAIL	IING AND EXPERIE	U.S. NUCLEAR REGULAT NCE AND PRECEPTOR ATTESTATION (CO	•
Training and Exp	arience for Pr	oposed Authorized	User (continued)	
b. Supervised Wo	rk Experience	(continued)		
Supervising Individu	al	37 <u>244 2000000000000000000000000000000000</u>	License/Permit Number listing supervising indi- authorized user	vidual as an
Supervising individ apply)**:	lual meets the	requirements below,	or equivalent Agreement State requirements	(check all that
35.390 With	n experience a	dministering dosages	s of:	
	Oral Nal-131 r	requiring a written dire	ective in quantities less than or equal to 1.22	
	••	•	han 1.22 gigabecquerels (33 millicuries)	
J 35.396	Parenteral adr	ministration of beta-er	mitter, or photon-emitting radionuclide with a p	hoton
	energy less tha	an 150 keV requiring	a written directive is required	
	Parenteral adn	ninistration of any oth	ner radionuclide requiring a written directive	
Supervising Author requesting authoriz		i ve experience in administ	ering dosages in the same dosage category or categories	s as the individua
roducous acosto				
Description of E	xperience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience
Oral administration odide I-131 requiri lirective in quantition equal to 1.22 gig 33 millicuries)	ing a written			
Oral administration odide I-131 requiri lirective in quantiti han 1.22 gigabeconillicuries)	ing a written ies greater			
Parenteral administry beta-emitter, o ohoton-emitting rad with a photon ener 150 keV for which directive is required	or dionuclide gy less than a written			
Parenteral adminst other radionuctide written directive is				

RC FORM 313A (AUT) -2007)	U.S. NUCLEAR REGULATORY COMMISSION
AUTHORIZED USER TRAINING AND	EXPERIENCE AND PRECEPTOR ATTESTATION (continued)
3. Training and Experience for Proposed Au	ithorized User (continued)
c. Supervised Clinical Case Experience (co	ontinued)
Supervising Individual	License/Permit Number listing supervising individual as an authorized user
Supervising individual meets the requirement apply)**:	nts below, or equivalent Agreement State requirements (check all that
35.390 With experience administering	g dosages of:
Oral Nai-131 requiring a vigabecquerets (33 million	written directive in quantities less than or equal to 1.22
	greater than 1.22 gigabecquerels (33 millicuries)
Parenteral administration energy less than 150 keV	of beta-emitter, or photon-emitting radionuclide with a photon requiring a written directive is required
Parenteral administration	of any other radionuclide requiring a written directive
" Supervising Authorized Unor must have experience requesting authorized user status.	is administering dosages in the same dosage category or categories as the individual
d. Provide completed Part II Preceptor Atter	etation.
PART II	- PRECEPTOR ATTESTATION
individual as long as the preceptor provid	idual's preceptor. The preceptor does not have to be the supervising les, directs, or verifies training and experience required. If more than experience, obtain a separate preceptor statement from each.
rst Section heck one of the following for each requested	i authorization:
For 35.390:	
Board Certification	
attest that	has satisfactorily completed the training and experience
Name of Proposed Auth	Olizan Osea
requirements in 35.390(a)(1).	
	OR
Training and Evnerience	
Training and Experience	has estiminatorily completed the 700 hours of tenining
l attest that Name of Proposed Auth	has satisfactorily completed the 700 hours of training
•	of 200 hours of classroom and laboratory training, as required by

NRC FORM 313A (AUT) (3-2007)		U.S. NUCLEAR REGULATORY COMMISSION					
P	USER TRAINING AND EXPERIE	NCE AND PRECEPTOR ATTESTATION (continued)					
Preceptor Attestation (continued)							
First Section (cont	tinued)						
For 35.392 (Identic	cal Attestation Statement Regards	ess of Training and Experience Pathway):					
I aftest that	Carlo Roberto Lazzaro, M.D.	has satisfactorily completed the 50 hours of classroom					
	Name of Proposed Authorized User						
	ry training, as required by 10 CFR 31 equired in 35.392(c)(2).	5.392(c)(1), and the supervised work and clinical case					
For 35,394 (Identic	cal Attestation Statement Regardi	ess of Training and Experience Pathway):					
l attest that		has satisfactorily completed the 80 hours of classroom					
	Name of Proposed Authorized User						
	ry training, as required by 10 CFR 35 equired in 35.394(c)(2).	5.394 (c)(1), and the supervised work and clinical case					
Second Section							
/ lattest that	Carlo Roberto Lazzaro, M:D.	has satisfactorily completed the required clinical case					
	Name of Proposed Authorized User						
experience re	equired in 35.390(b)(1)(ii)G listed be	low:					
	131 requiring a written directive in quuerels (33 millicuries)	uantities less than or equal to 1.22					
Oral Nal-1	131 in quantities greater than 1.22 g	igabecquerels (33 millicuries)					
	al administration of beta-emitter, or p ss than 150 keV requiring a written o	photon-emitting radionuclide with a photon directive is required					
Parentera	al administration of any other radionu	uclide requiring a written directive					
Third Section							
_	Ondo Bahasia Lawrence 14 B	the analysis and a local of comparisons to					
[✓ i attest that	Carlo Roberto Lazzaro, M.D. Name of Proposed Authorized User	has satisfactorily achieved a level of competency to					
function inde	pendently as an authorized user for:	;					
	131 requiring a written directive in querols (33 millicurtes)	uantities less than or equal to 1.22					
Orai Nal-1	131 in quantities greater than 1.22 g	igabecquerels (33 millicuries)					
	al administration of beta-emitter, or p ss than 150 keV requiring a written o	shoton-emitting radionaclide with a photon directive is required					
Parentera	al administration of any other radionu	uclide requiring a written directive					

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NRC FORM 313A (AUT) (3-2007)	U.S. NUCLEAR REGULATORY COMMISSION
· · · · · · · · · · · · · · · · · · ·	G AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)
Fourth Section	
<u>For 35.396:</u>	
<u>Current 35.490 or 35.690 authori</u>	zed user:
l attest that	is an authorized user under 10 CFR 35.490 or 35.690
or equivalent Agreement State laboratory training, as required	requirements, has satisfactorily completed the 80 hours of classroom and by 10 CFR 35.396 (d)(1), and the supervised work and clinical case (d)(2), and has achieved a level of competency sufficient to function
Parenteral administration of than 150 keV for which a wi	any beta-emitter, or photon-emitting radionuclide with a photon energy less ritten directive is required
Parenteral administration of	any other radionactide for which a written directive is required
	OR
Board Certification:	
I attest that	has satisfactorily completed the board certification
required by 19 CFR 35.396 (d); 35.396 (d); 35.396 (d)(2), and has achieved authorized user for: Parenteral administration of than 150 keV for which a wi	any other radionaclide for which a written directive is required
<u> </u>	_
	equivalent Agreement State requirements, as an authorized user for:
✓ 35.390	35.394
requesting authorization. Oral Nat-131 requiring a writter millicuries)	osages in the following categories for which the proposed Authorized User is a directive in quantities less than or equal to 1.22 gigabecquerels (33 ter than 1.22 gigabecquerels (33 millicuries)
Parenteral administration of be 150 keV requiring a written dire	ta-emitter, or photon-emitting radionuclide with a photon energy less than octive is required
Parenteral administration of an	y other radionuclide requiring a written directive
Name of Preceptor Peter Arfken, M.D. License/Permit Number/Facility Name 13-32225-01/St. Vincent Northwest Radiology	Signature Telephone Number Date (317) 328-5050 (1/15/07)

NRC FORM 313A (AUT) (3-2007)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION

APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2008

					fined under 35. 3.392, 35.394, a		4	EAFIRES. 10/31/2000
Νŧ	ime c	of Propose	ed Authoria	zed User		State or Territory	Where License	ed
C	nto R	oberto La	zzaro, M.I	2.		Indiana		
R	eupe	sted Aut	horization	n(s) (check all the	at apply):			
	35.300 Use of unsealed byproduct material for which a written directive is re					live is require	x	
,	OR							
35.390 Oral administration of sodium iodide I-131 requiring a written directive in quantities less 1.22 gigabecquerels (33 millicuries)						quantities less than or equal to		
	35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabooquerels (33 milliouries)						quantities greater than 1.22	
Į.		35.300			n of any beta-emitt a written directive is		tting radionud	clide with a photon energy less
		35.300	Parente	ral administration	n of any other radio	onuclide for which	a written dire	ective is required
				_	PART I TRAININ Select one of the			
ŧ	of .	applicati perience	on or the	individual must l reletet. Previde	have related contin	nuing education an	nd experience	in the 7 years preceding the date e since the required training and lucation and experience related
Z	1.	Board (Certificat	<u>ion</u>				
	a.	Provide	a copy o	of the board certi	ification.			
,	13 .			ide documentati ment this expeni		dinical case exper	sience. The t	able in section 3.c. may
	C.	कार्य अध्य	pervised (ion on classroom a perionce. The table			sed work experience, c. may be used to
ı	d.	Skip to	and com	plete Part II Pre	ceptor Attestation.			
	2.	Current	35.300,	35.400, or 35.81	90 Authorized Use	r Seeking Additi	ional Author	ization
	a.			on Materials Lice			unde	er the requirements below or
,		equival	ent Agree	ment State requ	uirements (check a	ll that apply):		<u>!</u>
		35.3	390	35.392	35.394	35.490	35.69	0
•	b.	require	d supervi:	sed case experi	et of clinical uses a ence. The table in eted Part II Precep	section 3.c. may I		dation on additional ocument this
;	C.	docume	entation o kperience	on classroom and . The tables in s		g, supervised work and 3.c. may be u	k experience	5.396, provide e, and supervised clinical ment this experience.

3. Training and Experience for Pro				
a. Classroom and Laboratory Traini	ning 35.390	35.392	35.394	35.396
Description of Training	Locatio	on of Training	Clock Hours	·
Radiation physics and nstrumentation				
Radiation protection				
Mathematics pertaining to the use and measurement of adioactivity				
Chemistry of byproduct naterial for medical use				
Radiation biology				
Ŧe	otal Hours of Traini	ing:		<u></u>
o. Supervised Work Experience	35.390	35.392	35.394	35.396
If more than one supervising indicof this page.				Printers.
Supervised Work Experience		Total Hours Experience		
Description of Experience Must Include:		perience/License or mber of Facility	Confirm	m Dates of Experience
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys			Yes	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		• • • • • • • • • • • • • • • • • • • •	☐ Yes ☐ No	
sarvey meters			Yes No	
Calculating, measuring, and safely preparing patient or human research subject			I	
Calculating, measuring, and safely preparing patient or human research subject dosages Using administrative controls to prevent a medical event involving the use of unsealed pyproduct material			☐ Yes ☐ No	

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		U.S. NUCLEAR REGULA	TORY COMMISS						
AUTHORIZED USER TRAIL	IING AND EXPERIE	NCE AND PRECEPTOR ATTESTATION (co	ntinued)						
Training and Experience for P	Training and Experience for Proposed Authorized User (continued)								
b. Supervised Work Experience	(continued)								
Supervising Individual		License/Permit Number listing supervising indi authorized user	vidual as an						
Supervising individual meets the apply)**:	requirements below,	or equivalent Agreement State requirements	(check all that						
35.390 With experience administering dosages of: 35.392 Oral Nal-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)									
1 35.394	•	nan 1.22 gigabecquerels (33 millicuries)							
1 25 206	•	, , ,	hoton						
	Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required								
Parenteral administration of any other radionuclide requiring a written directive									
Supervising Authorized User must be requesting authorized user status.	Substrictly vortionized, oset, utdot tisse exherieting itt gruttinistering nosades in the same gosade catedor's or catedories as the invisional								
c. Supervised Clinical Case Exp	erience								
		y to document supervised work experience, poly Location of Experience/License or Permit Number of Facility	Dates of						
If more than one supervising multiple copies of this page.	Number of Cases Involving Personal	Location of Experience/License or Permit	Dates of						
If more than one supervising multiple copies of this page. Description of Experience Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels	Number of Cases Involving Personal	Location of Experience/License or Permit							

Parenteral adminstration of any other radionuclide for which a written directive is required

(List radionuclides)

NRC FORM 313A (AU (3-2007)	т)	U.S. NUCLEAR REGULATORY COMMISSION
<u> </u>		D EXPERIENCE AND PRECEPTOR ATTESTATION (continued)
		Authorized User (continued)
t	d Clinical Case Experience (·
Supervising Inc	laubivit	License/Permit Number listing supervising individual as an authorized user
Supervising ir apply)**:	ndividual meets the requirem	nents below, or equivalent Agreement State requirements (check all that
35.390	With experience administer	ring dosages of:
35.392 35.394	Oral Nal-131 requiring a gigabecquerels (33 milli	a written directive in quantities less than or equal to 1.22 ficuries)
35.396		ies greater than 1.22 gigabecquerels (33 millicuries)
00,000	Parenteral administration energy less than 150 kg	on of beta-emitter, or photon-emitting radionuclide with a photon eV requiring a written directive is required
		on of any other radionuclide requiring a written directive
	Authorized User must have experier uthorized user status.	nce in administering dosages in the same dosage category or categories as the individual
d. Provide co	ompleted Part II Preceptor Att	testation.
	PART	II – PRECEPTOR ATTESTATION
individual a	as long as the preceptor prov	dividual's preceptor. The preceptor does not have to be the supervising vides, directs, or verifies training and experience required. If more than nt experience, obtain a separate preceptor statement from each.
First Section Check one of the	following for each request	ed authorization:
For 35.390:		
Board Cer	rtification	
! attest	that Name of Proposed Au	has satisfactorily completed the training and experience
require	ements in 35.390(a)(1).	
· 	*	
.		OR
G:CH1	and Experience	
i attest	that Name of Proposed Au	has satisfactorily completed the 700 hours of training
	·	im of 200 hours of classroom and laboratory training, as required by
		,

NRC FORM 313A (AUT) (3-2007)		U.S. NUCLEAR REGULATORY COMMISSION
· ·	D USER TRAINING AND EXPERIEN	NCE AND PRECEPTOR ATTESTATION (continued)
Preceptor Attestation	1 (continued)	
First Section (con	itinued)	
For 35,392 (Identi	cal Attestation Statement Regardle	ess of Training and Experience Pathway):
✓ I attest that	Carlo Roberto Lazzaro, M.D. Name of Proposed Authorized User	has satisfactorily completed the 60 hours of classroom
	ory training, as required by 10 CFR 35 required in 35.392(c)(2).	5.392(c)(1), and the supervised work and clinical case
For 35,394 (Identi	cal Attestation Statement Regardic	ess of Training and Experience Pathway):
☐ I attest that	Name of Proposed Authorized User	has satisfactorily completed the 80 hours of classroom
	ory training, as required by 10 CFR 35 required in 35.394(c)(2).	5.394 (c)(1), and the supervised work and clinical case
Second Section		
✓ I attest that	Carlo Roberto Lazzaro, M.D. Name of Proposed Authorized User	has satisfactorily completed the required clinical case
experience r	required in 35.390(b)(1)(ii)G listed belo	ow:
	-131 requiring a written directive in qu querels (33 millicuries)	antities less than or equal to 1.22
Oral Nal-	-131 in quantities greater than 1.22 gi	gabecquerels (33 millicuries)
	al administration of beta-emitter, or ph ess than 150 keV requiring a written di	hoton-emitting radionuclide with a photon lirective is required
Parentera	al administration of any other radionuc	clide requiring a written directive
Third Section		į
✓ I attest that	Carlo Roberto Lazzaro, M.D. Name of Proposed Authorized User	has satisfactorily achieved a level of competency to
function inde	ependently as an authorized user for:	
	131 requiring a written directive in quauerels (33 millicuries)	antities less than or equal to 1.22
Oral Nal-	131 in quantities greater than 1.22 gig	gabecquerels (33 millicuries)
	al administration of beta-emitter, or ph ess than 150 keV requiring a written di	noton-emitting radionuclide with a photon irective is required
Parentera	al administration of any other radionuc	clide requiring a written directive
		,

NRC FORM 313A (AUT) (3-2007)				U.S. NUCLEAR REGUL	LATORY COMMISSION
	D USER TRAIN	ING AND EXPER	IENCE AND PRE	CEPTOR ATTESTATION (continued)
Fourth Section					
For 35,396:					
<u>Current 35.490</u>	or 35.690 autho	orized user:			
l attest that			is an author	ized user under 10 CFR 35.	490 or 35.690
laboratory to experience	nt Agreement Sta raining, as require	ed by 10 CFR 35.3 6(d)(2), and has	396 (d)(1), and the	completed the 80 hours of class supervised work and clinical of competency sufficient to fu	al case
		of any beta-emitte written directive is		ting radionuclide with a phot	on energy less
Parenter	al adminstration	of any other radio	nuclide for which	a written directive is required	t
			OR		
Board Certifica	ation:				
I attest that		posed Authorized User	has satisfac	torily completed the board c	ertification
required by 35.396(d)(2) authorized L Parenter than 150	10 CFR 35.396 (c), and has achiev user for: ral administration the keV for which a	d)(1) and the supered a level of composition of any beta-emitted written directive is	ervised work and opetency sufficient er, or photon-emits required	ours of classroom and labora clinical case experience requito function independently as ting radionuclide with a photo a written directive is required	aired by an on energy less
Complete the followi	ng for preceptor	rattestation and	signature:		
I meet the requ	irements below, o	or equivalent Agre	ement State requ	irements, as an authorized ι	user for:
√ 35.390	35.392	35.394	35.396		
t have experient requesting auth		dosages in the fo	llowing categories	s for which the proposed Aut	horized User is
Oral Nal-13 milficuries)	1 requiring a writt	en directive in qua	antities less than o	or equal to 1.22 gigabecquer	els (33
			gabecquerels (33)		
		eta-emitter, or phi irective is required		onuclide with a photon energ	y less than
Parenteral a	dministration of a	iny other radionuc	dide requiring a w	ritten directive	
Name of Preceptor Peter Arfken, M.D. License/Permit Number/f	Facility Name	Signature	RU	Telephone Number (317) 328-5056	Date 11/15/07
13-32225-01/St. Vincent	-	gy LLC			

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