

# JFK

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## MEDICAL CENTER

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NR501

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REGION I  
2008 FEB - 1 PM 12: 19

January 24, 2008

United States Nuclear Regulatory Commission  
Region I  
475 Allendale Road  
King of Prussia, Pa. 19406

030 02555

Re: Radioactive Material License No. 29-12611-01

Please add Gabriel Pivawer, D.O. as an authorized user to our radioactive material license 29-12611-01 for Groups I, II, and III.

Enclosed for your review is Dr. Pivawer's C.V. and preceptor attestation describing his medical use training and experience.

Please do not hesitate to write or call should you need additional information.

Sincerely,



Nancy Fiamingo  
Senior Vice President & C.O.O.

141781

NMSS/RGN1 MATERIALS-002

Affiliates of SOLARIS Health System

JFK Medical Center • Muhlenberg Regional Medical Center • JFK Johnson Rehabilitation Institute • New Jersey Neuroscience Institute  
JFK Hartwyck Nursing, Convalescent & Rehabilitation Centers • Muhlenberg School of Nursing, Medical Imaging & Therapeutic Sciences  
Mediplex Surgery Center • Diabetes Center of New Jersey • Whispering Knoll - Assisted Living Community

65 James Street, P.O. Box 3059, Edison, New Jersey 08818-3059 (732) 321-7000 [www.solarishs.org](http://www.solarishs.org)



August 2007

## GABRIEL PIVAWER, DO

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### Home Address

Cell: [REDACTED]  
Home: [REDACTED]  
E-mail: [REDACTED]

### Work Address

Edison Radiology Group, P.A.  
65 James Street  
Edison, NJ 08818

### EXPERIENCE

July 2007- Clinical Attending, Radiology  
Edison Radiology Group, P.A. Edison, NJ

Feb 2006- Clinical Assistant Attending, Neuroradiology  
July 2007 **Bellevue Hospital Center** New York  
**Tisch Hospital – New York University Medical Center** New York  
**Veterans Affairs New York Harbor Health Care System** New York  
**St. Vincent's Hospital Manhattan** New York

### POSTGRADUATE EDUCATION

July 2005- **New York University Medical Center** New York, New York  
July 2007 Fellow, Neuroradiology

July 2001- **Long Island College Hospital** Brooklyn, New York  
June 2005 Resident, Diagnostic Radiology  
Chief Resident April 2004-April 2005  
RSNA Roentgen Resident/Fellow Research Award, June 2005

July 2000- **Lutheran Medical Center**  
June 2001 150 55<sup>th</sup> Street, Brooklyn, New York  
Rotating Internship

### GRADUATE AND UNDERGRADUATE EDUCATION

Aug 1996- **New York College of Osteopathic Medicine**  
June 2000 Northern Boulevard, Old Westbury, New York  
Doctor of Osteopathic Medicine, May 19, 2000

Aug 1993- **New York Institute of Technology**  
June 1996 Northern Boulevard, Old Westbury, NY  
Seven year combined BS\DO  
Bachelor of Science, Biology and Chemistry  
Graduated with Honors, *summa cum laude*

**PERSONAL INFORMATION WAS REMOVED  
BY NRC. NO COPY OF THIS INFORMATION  
WAS RETAINED BY THE NRC.**

Presidential Scholar Award 1993-1995

## LICENSURE & EXAMINATIONS:

- 2001      **State of New York 222380**  
Obtained: August 8, 2001  
Expiration: February 29, 2008
- 2002      **State of New Jersey 25MB07417800**  
Obtained: June 14, 2002  
Expiration: June 30, 2007
- 2005      **American Board of Radiology**  
Obtained: June 6, 2005  
Expiration: June 6, 2015

## PROFESSIONAL ORGANIZATIONS & SOCIETIES

American College of Radiology  
American Society of Neuroradiology  
New York Roentgen Society  
Radiological Society of North America

## PUBLICATIONS

**Pivawer G**, Law M, Zagzag D. Perfusion MR Imaging and Proton MR Spectroscopic Imaging in Differentiating Necrotizing Cerebritis from Glioblastoma Multiforme. *Magn Reson Imaging*. 25, 238-43, 2007.

**Pivawer G**, Lee JL, Nardi, PM. Diagnosis Please: Left Gastric Artery Aneurysm. *Radiology*. 240, 903-904, 2006.

**Pivawer G**, Haller JO, Rabinowitz SS, Zimmerman DL. Superior Mesenteric Artery Syndrome and Its Ramifications. *CMIG Extra: Cases*. 28(1), 8-10, 2004.

Eichenbaum JW, Pevsner PH, **Pivawer G**, Kleinman GM, Chiriboga L, Stern A, Rosenbach A, Iannuzzi K, Miller DC. A murine photochemical stroke model with histologic correlates of apoptotic and nonapoptotic mechanisms. *J Pharmacol Toxicol Methods*. 47, 67-71, 2002.

Pevsner PH, Eichenbaum JW, Miller DC, **Pivawer G**, Eichenbaum KD, Stern A, Zakian KL, Koutcher JA. A histologically validated magnetic resonance correlated rat photochemical stroke model for in-vivo studies of ischemic infarcts and a review of the literature. *J Pharmacol Toxicol Methods*. 45, 1-7, 2001.

Pevsner PH, Bast WB, Lumerman H, **Pivawer G**. CT analysis of a complicated nasopalatine duct cyst. *NY State Dent J*. Jun-Jul;66(6):18-20, 2000.

## RESEARCH IN PROGRESS

July 2006 Young RJ, **Pivawer G**, Pollack E, Babb J, Johnson G, Law M. Interobserver and Intraobserver Reproducibility Study of Region of Interest versus Histogram Analysis For Relative Cerebral Blood Volume Measurements in Cerebral Gliomas (submitted to *Radiology*)

## PRESENTATIONS

- Nov. 2006 Hwang WD, Pivawer G, Smoker WR, Reede DL, Dorantes TM, Lidov M. Grey-White Junction, What's Your Function? Review of Acquired White Matter Disease Incorporating Diffusion Imaging, MR Spectroscopy, and PET. Radiological Society of North America, Chicago, IL
- May 2006 Young RJ, **Pivawer G**, Pollack E, Babb J, Johnson G, Law M. Histogram Analysis of Relative Cerebral Blood Volume Measurements in Cerebral Gliomas: An Interobserver and Intraobserver Reproducibility Study. American Society of Neuroradiology, San Diego, CA
- May 2005 **Pivawer G**, Bajwa Z, Reede DL, Smoker WR, Gentry L, Holliday R. 'Doctor! What is this bump on my head?' Evaluation of Lesions Presenting in the Scalp and Calvarium. Presented at ASNR May 23-27, 2005. Received Cum Laude Award.

## PRIOR EMPLOYMENT AND EXTRACURRICULAR ACTIVITIES

- 1997 **Counselor**  
Happiness is Camping, Blairstown, NJ. Provided support and counseling for children with cancer.
- 1993-1996 **Academic Tutor**  
New York Institute of Technology, Old Westbury, NY. Tutored students in biology, chemistry, physics and mathematics.
- 1993-1995 **Emergency Room Technician / Patient Care Partner**  
Good Samaritan Hospital, Suffern, NY. Assisted and performed all support procedures for physicians and nurses including phlebotomy and EKG in emergency room.
- 1992-1993 **Volunteer Medical Assistant**  
Rockland County Mentoring Collaborative Program  
Nyack Hospital, Nyack, NY. Observed and assisted emergency room staff.

## **INTERESTS**

Digital photography, golf and travel.

<b>NRC FORM 313A</b> (4-2005)	<b>U.S. NUCLEAR REGULATORY COMMISSION</b> <b>MEDICAL USE TRAINING AND EXPERIENCE</b> <b>AND PRECEPTOR ATTESTATION</b>	<b>APPROVED BY OMB: NO. 3150-0120</b> <b>EXPIRES: 10/31/2005</b>	
<b>PART I -- TRAINING AND EXPERIENCE</b>			
<b>Note:</b> Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulation (10 CFR Part 35)			
<b>1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)</b>  Gabriel Plavner, DO			
<b>2. For Physicians, Podiatrists, Dentists, Pharmacists -- State or Territory Where Licensed</b>  New Jersey			
<b>3. CERTIFICATION</b>			
<b>a. Provide a copy of the board certification. (Stop here if applying under 10 CFR Part 35, Subpart J or 35.590(a); continue if applying under other subparts.)</b> <b>b. Provide documentation in appropriate items 4 through 10 of training or clinical case work required by 35.50(e); 35.51(c); 35.290(c)(1)(ii)(G) for AU seeking 35.200 authorization; 35.390(b)(1)(ii)(G); 35.390(d)(1) and 35.390(d)(2); 35.590(c); or 35.690(c).</b> <b>c. Provide completed Part II Preceptor Attestation, items 11a through 11d.</b> Stop here after completing items 3a, 3b, and 3c when using board certification to meet 10 CFR Part 35 training and experience requirements.			
<b>4. INDIVIDUALS IDENTIFIED ON A LICENSE OR PERMIT AS RADIATION SAFETY OFFICERS (RSO), AUTHORIZED USERS (AU), AUTHORIZED MEDICAL PHYSICISTS (AMP), OR AUTHORIZED NUCLEAR PHARMACISTS (ANP) SEEKING ADDITIONAL AUTHORIZATIONS</b>			
<b>a. Provide a copy of the license or broadscope permit listing the current authorization and (b) or (c)</b> <b>b. Complete items 5a (and 10 when training is provided by an RSO, AMP, ANP, or AU) and preceptor items 11b through 11d to meet requirements for: RSO in 35.50(c)(2) or 35.50(a); or AU in 35.290(c)(1)(ii)(G) or 35.390(b)(1)(ii)(G) or 35.590(c) or 35.690(c); or AMP under 35.51(c).</b> <b>c. Complete items 5, 5a, 5b, 10, and Preceptor items 11a through 11d to meet AU requirements in 35.390(a).</b>			
<b>5. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)</b>			
Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	Long Island College Hospital 339, Hicks street Brooklyn, NY 11201	Over 200 hours	July 1, 2001 to June 30, 2005
Radiation Protection	Long Island College Hospital 339, Hicks street Brooklyn, NY 11201	Over 200 hours	July 1, 2001 to June 30, 2005
Mathematics Pertaining to the Use and Measurement of Radioactivity	Long Island College Hospital 339, Hicks street Brooklyn, NY 11201	Over 200 hours	July 1, 2001 to June 30, 2005
Radiation Biology	Long Island College Hospital 339, Hicks street Brooklyn, NY 11201	Over 200 hours	July 1, 2001 to June 30, 2005
Chemistry of Byproduct Material for Medical Use	Long Island College Hospital 339, Hicks street Brooklyn, NY 11201	Over 200 hours	July 1, 2001 to June 30, 2005
OTHER			

NRC FORM 313A  
(4-2005)

U.S. NUCLEAR REGULATORY COMMISSION

**MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)****6a. WORK OR PRACTICAL EXPERIENCE WITH RADIATION**

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
Training included Patient exam, Radiopharmaceutical injections;	B.Chandramouly, MD	Long Island College Hospital 91-2843-01	July 1, 2001 to June 30, 2005
Quality control of Radiopharmaceuticals and Nuclear Medicine equipment; Radiation protection	B.Chandramouly, MD	Long Island College Hospital 91-2843-01	July 1, 2001 to June 30, 2005
Monitor and dictate Patient studies	B.Chandramouly, MD	Long Island College Hospital 91-2843-01	July 1, 2001 to June 30, 2005

**6b. SUPERVISED CLINICAL CASE EXPERIENCE (describe experience elements in 6a)**

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and/or Clock Hours of Experience
Technetium-99m HDP	Bone scans	340	B.Chandramouly, MD	LICH: 91-2843-01	7/01 to 6/05
Technetium-99m Sestamibi	Myocardial perfusion	420	B.Chandramouly, MD	LICH: 91-2843-01	7/01 to 6/05
Thallium 201	Myocardial perfusion	180	B.Chandramouly, MD	LICH: 91-2843-01	7/01 to 6/05
Gallium 67	Total body/ feet	48	B.Chandramouly, MD	LICH: 91-2843-01	7/01 to 6/05
Indium 111	Infection imaging	4	B.Chandramouly, MD	LICH: 91-2843-01	7/01 to 6/05
Iodine 123	Thyroid uptake and scan	210	B.Chandramouly, MD	LICH: 91-2843-01	7/01 to 6/05
Iodine 131	Treatment	34	B.Chandramouly, MD	LICH: 91-2843-01	7/01 to 6/05
Technetium-99m O4	MUGA, GI bleed	18	B.Chandramouly, MD	LICH: 91-2843-01	7/01 to 6/05

NRC FORM 313A  
(4-2006)

U.S. NUCLEAR REGULATORY COMMISSION

**MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)****6c. TRAINING FOR SECTIONS 35.50(e), 35.51(c), 35.590(c), or 35.690(c)**

Training Element	Type of Training *	Location and Dates
Training included Patient exam, Radiopharmaceutical injections; Monitor and dictate Patient studies; Quality control of Radiopharmaceuticals and Nuclear	Resident in Radiology, with 6 months rotation in Nuclear Medicine	Long Island College Hospital 339, Hicks street Brooklyn, NY 11201

\* Types of training may include supervised (complete item 10 for 35.50(e), 35.51(c), and 35.590(c)), didactic, or vendor training.

**7. FORMAL TRAINING****Physicians (for uses under 35.400 and 35.600) and Medical Physicists**

Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Number	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.490)

**8. RADIATION SAFETY OFFICER (RSO) - ONE-YEAR FULL-TIME EXPERIENCE**

- ☐ YES Completed 1 year of full-time radiation safety experience (in areas identified in item 6a) under supervision.
- ☐ N/A of \_\_\_\_\_ the RSO for License No. \_\_\_\_\_

**9. MEDICAL PHYSICIST - ONE-YEAR FULL-TIME TRAINING/WORK EXPERIENCE**

- ☐ YES Completed 1 year of full-time training (for areas identified in item 6a) in therapeutic radiological physics (35.961) or medical physics (35.51) under the supervision of \_\_\_\_\_
- ☐ N/A who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51);
- and**
- ☐ YES Completed 1 year of full-time work experience (at location providing radiation therapy services described and for topics identified in item 6a) for (specify use or device) \_\_\_\_\_
- ☐ N/A under the supervision of \_\_\_\_\_ who is a medical physicist (35.961) or meets requirements for Authorized Medical Physicists (35.51) (specify use or device) \_\_\_\_\_



NRG FORM 313A  
(4.2005)

U.S. NUCLEAR REGULATORY COMMISSION

## MEDICAL USE TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

## 10. SUPERVISING INDIVIDUAL - IDENTIFICATION AND QUALIFICATIONS

The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 10 CFR Part 35, provide the following information for each):

A. Name of Supervisor

B.Chandremouly, MD

B. Supervisor is:



Authorized User



Authorized Medical Physicist



Radiation Safety Officer



Authorized Nuclear Pharmacist

C. Supervisor meets requirements of Part 35, Section(s) Yes

for medical uses in Part 35, Section(s)

D. Address

E. Materials License Number

## PART II - PRECEPTOR ATTESTATION

**Note:** This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. This part is not required to meet training requirements in 35.690 or Part 35, Subpart J (except 35.690).

I attest the individual named in Item 1:

11a.



has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) \_\_\_\_\_ as documented in section(s) \_\_\_\_\_ of this form.

11b. Select one



meets the requirements in ☐ 35.50(e) ☐ 35.51(a) ☐ 35.390(b)(1)(II)(G) ☐ 35.690(c) for \_\_\_\_\_



N/A

types of use, as documented in section(s) \_\_\_\_\_ of this form.

11c.



has achieved a level of competency sufficient to independently operate a nuclear pharmacy (for 35.690); OR



has achieved a level of competency sufficient to function independently as an authorized \_\_\_\_\_ for \_\_\_\_\_ uses (or units); OR



has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety Officer for a medical use licensee; OR

☐ N/A

11d.



I am an Authorized Nuclear Pharmacist; OR



CHAIRMAN, RADIATION SAFETY, LICH

I am a Radiation Safety Officer; OR



I meet the requirements of \_\_\_\_\_ section(s) of 10 CFR Part 35

or equivalent Agreement State requirements to be a preceptor



AU or



AMP

for the following byproduct material uses (or units): \_\_\_\_\_

A. Address

Long Island College Hospital  
339, Hicks street  
Brooklyn, NY 11201

B. Materials License Number

91-2843-01

C. NAME OF PRECEPTOR (print clearly)

B.Chandremouly, MD

D. SIGNATURE - PRECEPTOR

B.Chandremouly

E. DATE

07/19/2007

PAGE 4

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

1/24/2003, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amend. 29-12611-01 There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card

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A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 141781.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.