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*MMSB 2*

February 11, 2008

U.S. Nuclear Regulatory Commission  
Region 1  
475 Allendale Road  
King of Prussia, PA 19406-1415

*03035674*

RE: Update authorized users on ~~Materials License #45-2552-01~~

To whom it may concern:

Please amend our current license to add the following physicians as authorized users as specified in 10 CFR Part 35.900, effective immediately.

David C. Reilly, M.D.

Thank you for your attention to this matter.

Sincerely,

Linda K. Julian  
Chief of Ancillary and Clinical Operations  
(540) 786-5240

bcc: Linda K. Julian  
Sara Niemyński

2008 FEB 13 PM 12:50

RECEIVED  
REGION 1

*141918*

NMSS/RGN1 MATERIALS-002

NRC FORM 313A (AUD) (3-2007)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2008
<b>AUTHORIZED USER TRAINING AND EXPERIENCE          AND PRECEPTOR ATTESTATION</b> (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 <i>David C. Reilly MD</i>	State or Territory Where Licensed <i>VA</i>
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Requested Authorization(s) (check all that apply)

35.100 Uptake, dilution, and excretion studies

35.200 Imaging and localization studies

35.500 Sealed sources for diagnosis (specify device \_\_\_\_\_ )

**PART I -- TRAINING AND EXPERIENCE**  
*(Select one of the three methods below)*

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

**1. Board Certification**

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

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

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

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			

**Total Hours of Experience:**

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
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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)

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(3-2007)

U.S. NUCLEAR REGULATORY COMMISSION

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

**3. Training and Experience for Proposed Authorized User**

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	unfermed Services University of the Health Sciences	24	10/14-16 2003
Radiation protection	"	24	"
Mathematics pertaining to the use and measurement of radioactivity	"	24	"
Chemistry of byproduct material for medical use (not required for 35.590)	"	24	"
Radiation biology	"	24	"
<b>Total Hours of Training:</b>			

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

Supervised Work Experience		Total Hours of Experience:	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	THE GEORGE WASHINGTON UNIV. NAC LICENSE # 08-30607-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/2/2001 - 5/31/2005
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	"

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U.S. NUCLEAR REGULATORY COMMISSION

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

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

**b. Supervised Work Experience. (continued)**

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages	THE GEORGE WASHINGTON UNIV NRC LICENSE # 08-30607-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7/2/2001 -5/31/2005
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	"
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	"
Administering dosages of radioactive drugs to patients or human research subjects	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	"
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	"

Supervising Individual

License/Permit Number listing supervising individual as an authorized user

\* # 08-30607-01

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

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

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

Device	Type of Training	Location and Dates

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

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(3-2007)

U.S. NUCLEAR REGULATORY COMMISSION

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

**PART II - PRECEPTOR ATTESTATION**

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. (Not required to meet training requirements in 35.590)

**First Section**

Check one of the following for each use requested:

For 35.190

Board Certification

I attest that \_\_\_\_\_ has satisfactorily completed the requirements in  
Name of Proposed Authorized User

10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

OR

Training and Experience

I attest that David C. Reilly MD has satisfactorily completed the 60 hours of training and  
Name of Proposed Authorized User

experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

Board Certification

I attest that \_\_\_\_\_ has satisfactorily completed the requirements in  
Name of Proposed Authorized User

10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

OR

Training and Experience

I attest that David C. Reilly MD has satisfactorily completed the 700 hours of training  
Name of Proposed Authorized User

and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

**Second Section**

Complete the following for preceptor attestation and signature:

I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

- 35.190
- 35.290
- 35.390
- 35.390 + generator experience

Name of Preceptor	Signature	Telephone Number	Date
ESMA A - AIC IN: M-D	<i>[Signature]</i>	202 715 5212	11/26/07
License/Permit Number/Facility Name			
# 08-30607 - 01 GW UNIVERSITY			

THE GEORGE  
WASHINGTON  
UNIVERSITY  
HOSPITAL



February 1, 2008

To Whom It May Concern  
Re: David Reilly, M.D.

District Hospital Partners, L.P., D/B/A The George Washington University Hospital has a NRC broad scope license # 08-30607-01. Esma Akin, M.D. has been an approved authorized user since 2001 for uses pursuant to 10 CFR 35.100, 35.200, and 35.300 and fulfilled all the training requirements. Dr. Akin is authorized to read nuclear cardiac studies. Dr. David Reilly worked under the authorization of Dr. Akin.

If you have any questions, or need additional information, please call me at 202-715-4959

Sincerely,

A handwritten signature in black ink, appearing to read "A. Chowdhury".

Anisuzzaman Chowdhury, Ph.D.  
Radiation Safety Officer

Cc: David Reilly, M.D.  
5922 Waterloo Bridge Circle  
Haymarket, VA 20169

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

2/11/2008, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 45-2552-01 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** 141918.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.