

SENTARA™

Raymond G. Troiano, M.D.
Vice President and Administrator
Sentara Virginia Beach General Hospital
1060 First Colonial Road
Virginia Beach, VA 23454

Rgtroian@sentara.com
757-395-6048
Fax: 757-395-6106

NMSS

February 22, 2008

U.S. Nuclear Regulatory Commission,
Region I Office, Division of NMSS
Attn: Materials Licensing
475 Allendale Road
King of Prussia, PA 19406

03003348

RECEIVED
REGION I
2008 MAR 10 PM 1:11

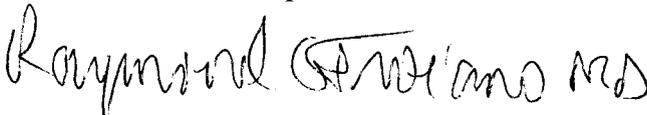
To whom it may concern: (License No.: 45-11035-01)

We are requesting addition of 10 CFR 35.394 to the authorized user status of Dr. Andrew J. Loiacono, currently authorized for 35.392 on this license. Dr. Loiacono's supervised work experience with Dr. White includes three cases of iodine-131 administration over 33 millicuries and is documented in the enclosed written directives.

Please also remove Dr. Alan Zabell as an authorized user.

The Radiation Safety Committee has approved these changes.

For more information, please do not hesitate to contact Sandy Wolff, RSO, at (757) 388-3030.



Raymond G. Troiano, MD
Vice President and Administrator

142178

NMSS/PC/N MATERIALS-002

443

WRITTEN DIRECTIVE FOR I-131 > 30 uCi

PATIENT NAME: [REDACTED] [REDACTED]
DOB: [REDACTED]
SSN: [REDACTED]
DEPT.# _____
DATE WRITTEN: 5/14/07
RADIOPHARMACEUTICAL: Na I 131
DOSE TO BE GIVEN: 150 mCi
ROUTE OF ADMINISTRATION: PO
INDICATION: Papillary Thyroid CA
AUTHORIZED USER: [Signature]
REFERRING PHYSICIAN: Hess

All written directives signed by Dr. Loracane and co signed by Dr. Jonathan White

WRITTEN DIRECTIVE FOR I-131 > 30 uCi

PATIENT NAME: [REDACTED]

DOB: [REDACTED]

SSN: [REDACTED]

DEPT.# _____

DATE WRITTEN: 2/19/08

RADIOPHARMACEUTICAL: NaI 131

DOSE TO BE GIVEN: 75 mCi

ROUTE OF ADMINISTRATION: PO

INDICATION: Thyroid CA

AUTHORIZED USER: [Signature]

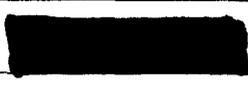
REFERRING PHYSICIAN: Harrison, Jr.

WRITTEN DIRECTIVE FOR I-131 > 30 uCi

PATIENT NAME: 

DOB: 

SSN: _____

DEPT.# 

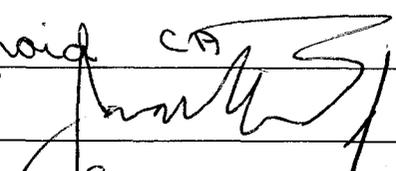
DATE WRITTEN: 10/4/07

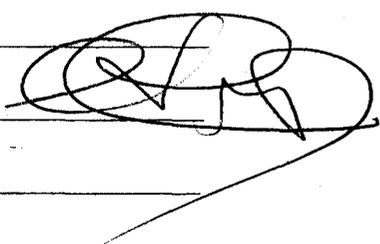
RADIOPHARMACEUTICAL: NaI¹³¹

DOSE TO BE GIVEN: 100mCi I-131

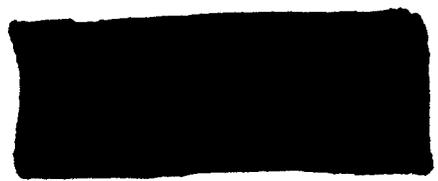
ROUTE OF ADMINISTRATION: PO

INDICATION: Thyroid CA

AUTHORIZED USER: 

REFERRING PHYSICIAN: Conaway 

Papillary CA - bilateral
Surg 7/18/07, 7/21/07
100mCi I 10/5/07



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

2/22/2008, and to inform you that the initial processing which includes an administrative review has been performed.

Amend. 45-11035-d
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

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

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

Your action has been assigned **Mail Control Number** 142178.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.