



53940 Carmichael Drive
South Bend, IN 46635

(574) 243-0100
(574) 243-2965 FAX

FAX TRANSMISSION COVER SHEET

To: TOYE SIMMONS @ FAX #: 630-829-9782 Date: 8/27/08

From: GARY JENSEN @ Telephone #: 574-243-4286

Message: _____

STATE OF INDIANA RADIOACTIVE MATERIALS LICENSE APPLICATION
(I THINK THIS WHAT YOU WANT)

You should receive 4 pages, including this cover sheet. If you do not receive all of the pages, call at the number listed above.

Hard copy to follow? Yes No

CONFIDENTIALITY NOTICE: The documents accompanying this telecopy transmission contain confidential information. This information is intended only for the use of the individual(s) or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance to the contents of this telecopied information is not permissible. If you have received this telecopy in error, please immediately notify us by telephone at the number listed above to arrange for the return of the facsimile. Thank you.



Radioactive Material Registration Application

State Form 49771 (R/8-00)
Page 1 of 2

FOR OFFICIAL USE ONLY:

R 0301 -7L

Denotes Multiple Sites

- INSTRUCTIONS:**
1. Fill out all blocks. This application may be returned to you without processing if any information is missing. If an item does not apply, put "NA" in that block.
 2. Type or clearly print all information.
 3. If extra sheets are needed to complete this application, staple them to this form.
 4. Send the completed form to: **Indiana State Department of Health, Indoor and Radiological Health, 2 North Meridian St. 5F, Indianapolis, IN 46204.**
 5. Allow 6 to 8 weeks for processing. You will receive a Registration Certificate indicating your registration number and expiration date or a letter indicating why your application was denied. **NOTE:** Certificates are not issued for Amendment applications.
 6. If you have any questions, call AC 317/233-7147 and ask for the Radioactive Material Program Specialist.

Type of Application

Check the box matching the purpose for this application:

New Registration

2 Year Renewal

Amendment

Registrant Information

Name of Registrant (Company/Corporate Name): XRC MEDICAL IMAGING		Registrant Street Address: 53940 CARMICHAEL DRIVE	
City: SOUTH BEND	State: IN	Zip Code: 46635	Phone Number: 574-243-0100
Radiation Safety Officer (RSO) Name & Title: ROBERT J. RUST, MD			RSO Phone Number: 574-243-0100
Include with this application a copy of your most recent amendment to your USNRC/Agreement State License. <input type="checkbox"/>		USNRC/Agreement State License Number(s), if any:	

Use of Materials/Sources (If more than one facility/location of use, please list additional sites on an attachment)

Facility/Location where materials/sources will be used (if different from registrant): NA	Street Address:
City:	State:
Zip Code:	Phone Number:

List the names and titles of all individuals who will use or directly supervise the use of radioactive materials. If more space is needed, provide the list on a separate attached sheet. This sheet should have on it the name of the registrant, your registration number, as well as the name and phone number of the RSO.

Authorized/Individual Users:

Name:	Title:
1. SEE ATTACHED	
2.	
3.	
4.	
5.	
6.	

Describe the purpose or use for the radioactive materials and/or sealed sources, and the department(s) and/or process(es) where used:

DIAGNOSTIC IMAGING (PET-CT)

Registration Agreement

This agreement should be signed by a person who has legal responsibility for the radioactive materials at the facility (e.g. Owner, Hospital Administrator, Company President, Plant Manager, CEO, etc.)

I understand that failure to comply with IC 16-41-35 or 410 IAC 5 may result in revocation of my materials registration.

Name of Certifying Officer (Typed or Printed): **GARY JENSEN**

Signature of Certifying Officer: Date Signed: **2/29/07**

Continued on Other Side

List of Sealed Sources

List all sealed sources used. If more space is needed, provide the list on a separate sheet. This sheet should have on it the name of the registrant, your registration number, as well as, the name and phone number of the RSO.

Element	Mass Number	Maximum Activity (Circle Appropriate Units).	Manufacturer's Name:	Model & Serial #:	Type of Device e.g. density level, XRF, flood, calib, etc	# of Devices:
MA	212	100. <small>pCi mCi</small>	ISOTOPE PRODUCTS	GF-0027	CALIBRATION	1
MA	212	600. <small>pCi mCi</small>	ISOTOPE PRODUCTS	MMS-05-022-100	CALIBRATION	6
		10. <small>pCi mCi</small>				
		<small>pCi mCi</small>				
		<small>pCi mCi</small>				
		<small>pCi mCi</small>				
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		<small>pCi mCi</small>				

List of Radioactive Materials

List all radioactive materials used. If more space is needed, provide the list on a separate sheet. This sheet should have on it the name of the registrant, your registration number, as well as, the name and phone number of the RSO.

Element	Mass Number	Maximum Activity Possessed (Circle Appropriate Units):	Chemical and/or Physical Form:
F	18	200. <small>pCi mCi</small>	FDG LIQUID (FLUORODEOXYGLUCOSE)
		<small>pCi mCi</small>	
		<small>pCi mCi</small>	
		<small>pCi mCi</small>	
		<small>pCi mCi</small>	
		<small>pCi mCi</small>	
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		<small>pCi mCi</small>	



Foundation Center
53940 Carmichael Dr.
South Bend, IN 46635
574-243-0100
Fax: 574-243-2965

Pavilion Office
720 East Cedar St., Suite 010
South Bend, IN 46617
574-288-2551
Fax: 574-288-2553

Business Office
121 S. St. Louis Blvd.
South Bend, IN 46617
574-233-3123
Fax: 574-233-3125

AUTHORIZED RADIOACTIVE MATERIALS USERS

1. Victor F. Jones, MD
2. Douglas S. Kuehn, MD
3. Robert J. Rust, MD
4. Michael S. McCrea, MD
5. Brett A. Stephens, MD
6. Tobin J. Mathews, MD
7. David A. Cory, MD
8. Jon T. Harman, MD
9. Timothy S. Smith, MD
10. Linda L. Tuthill, MD
11. Edward L. Yang, MD
12. Robert C. Burke, MD
13. Michael E. Lulenski, MD
14. Steven T. Gerstler, MD
15. Vu H. Nguyen, MD
16. Paul P. Shu, MD
17. Sandra Roland, MD

NOTE: All of these physicians are listed users on NRC License # 13-02650-02,
Saint Joseph Regional Medical Center, South Bend, IN 46617.