



# *Eastside Cardiovascular Medicine, P.C.*

*Specializing In All Aspects of Cardiovascular Medicine*

United States Nuclear Regulatory Commission  
Region III, Materials Licensing  
2443 Warrenville Road, Suite 210  
Lisle, IL 60532-4352

Vamshidhar Guduguntla, M.D.  
Sohail Hassan, M.D.  
Kyungsoo Kim, M.D.  
Luis A. Pires, M.D.  
Srihari Ravi, M.D.  
Lalitha Rudraiah, M.D.  
Luay Sayed, M.D.  
John C. Somogyi, M.D.  
Narayanan Vikraman, M.D.  
Hiroshi Yamasaki, M.D.

September 26, 2008

**RE: *Eastside Cardiovascular Medicine, P.C.***  
***License Amendment***  
***NRC License No. 21-26263-01***

Dear Sir/Madam:

The purpose of this letter is to amend our current NRC license to reflect the following changes.

**Item #1.**

Please add the following physician as an authorized user to our current license:

**Vamshidhar D. Guduguntla, M.D.                      Group 35.200**

We have enclosed a copy of his Board Certification, State of Michigan license to practice medicine, NRC 313A (aud) form, and documentation of his continued education and experience.

Thank you for your cooperation. If you have any questions or require additional information, Please contact our physics consultant, Sharon Updike at (734) 662-3197 or by e-mail at [supdike@mpphysics.com](mailto:supdike@mpphysics.com).

Sincerely,

Executive Management  
Eastside Cardiovascular Medicine, P.C.

18325 Ten Mile Road  
Suite 400  
Roseville, MI 48066  
586-775-4594  
FAX 586-775-4506

RECEIVED SEP 30 2008

15500 Nineteen Mile Road  
Suite 330  
Clinton Township, MI 48038  
586-228-5454  
FAX 586-228-5353

**AUTHORIZED USER TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION**  
(for uses defined under 35.100, 35.200, and 35.500)  
[10 CFR 35.190, 35.290, and 35.590]

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

Name of Proposed Authorized User

State or Territory Where Licensed

**Vamshidhar Guduguntla MD**

**Michigan**

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

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)

**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			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use <i>(not required for 35.590)</i>			
Radiation biology			
<b>Total Hours of Training: 200</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	21-26263-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2001-2008
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	21-26263-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2001-2008

**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	21-26263-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	21-26263-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	21-26263-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Administering dosages of radioactive drugs to patients or human research subjects	21-26263-01	<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	21-26263-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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.**

**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)

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

**First Section**

Check one of the following for each use requested:

For 35.190

Board Certification

I attest that Vamshidhar Guduguntla 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 Vamshidhar Guduguntla 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 Vamshidhar Guduguntla 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

**Kyungsoo Kim MD**

Signature

Telephone Number

**(586) 775-4594**

Date

**09/26/2008**

License/Permit Number/Facility Name

**21-26263-01**



# Eastside Cardiovascular Medicine, P.C.

Specializing In All Aspects of Cardiovascular Medicine

Certification Board of Nuclear Cardiology  
101 Lakeforest Boulevard  
Suite 401  
Gaithersburg, MD 20877

Vamshidhar Guduguntla, M.D.  
Sohail Hassan, M.D.  
Kyungsoo Kim, M.D.  
Luis A. Pires, M.D.  
Srihari Ravi, M.D.  
Lalitha Rudraiah, M.D.  
Luay Sayed, M.D.  
John C. Somogyi, M.D.  
Narayanan Vikraman, M.D.  
Hiroshi Yamasaki, M.D.

To Whom This May Concern:

**RE: Guduguntla, Vamshidhar, M.D.**  
**March 26, 1963**  
**203-72-9787**

This letter serves to confirm that Dr. Guduguntla is a practicing cardiologist working in our private practice group. Our records indicate that he has performed and interpreted nuclear cardiology studies as follows:

	2006	2007	2008
SPECT Perfusion (any one of the following): 78460; 788461; 78464, 78465	438	272	307
PET cardiac: 78491; 78492 multiple			
Radionuclide Angiography (any one of the following): 78472; 78481; 78482	6	8	
Total nuclear cardiology studies over 3 years:	1,031		

I certify that the numbers of studies provided above are exact numbers and not rounded or estimated.  
Sincerely,

Kyungsoo Kim, M.D., F.A.C.C.  
NRC Number 21-26263-01

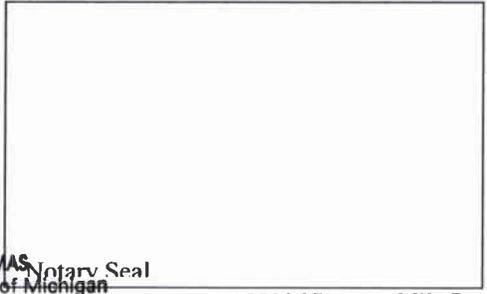
Medical Director, Nuclear Cardiology Laboratory  
Eastside Cardiovascular Medicine, P.C.

Sworn and Subscribed before me on

9-26-08  
Nancy Thomas  
Notary Public

18325 Ten Mile Road  
Suite 400  
Roseville, MI 48066  
586-775-4594  
FAX 586-775-4506

NANCY THOMAS, Notary Seal  
Notary Public, State of Michigan  
County of Macomb  
My Commission Expires 09-26-2013  
Acting in the county of Macomb



15500 Nineteen Mile Road  
Suite 330  
Clinton Township, MI 48038  
586-228-5454  
FAX 586-228-5353

M431219 005 R-001  
CUT OUT FOR WALLET CARD

STATE OF MICHIGAN - DEPARTMENT OF COMMUNITY HEALTH  
 BOARD OF MEDICINE  
 PHYSICIAN  
 LICENSE



VAMSHIDHAR D GUDUGUNTLA MD  
 18325 10 MILE RD #400  
 ROSEVILLE MI 48066

PERMANENT I.D. NO. 4301063528 EXPIRATION DATE 01/31/2009 1640079

**COMPLAINT INFORMATION:**

The issuance of this license should not be construed as a waiver, dismissal or acquiescence to any complaints or violations pending against the licensee, its agents or employees.

**WALL CERTIFICATE INFORMATION:**

If the box below is checked, you are eligible to purchase your State of Michigan Official Wall Certificate. Please call.

1-800-875-3676

**FUTURE CONTACTS:**

You should direct all inquiries regarding this license or address changes to the:

DEPARTMENT OF COMMUNITY HEALTH

BOARD OF  
MEDICINE

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

REVERSE SIDE OF LICENSE CONTAINS IMPORTANT INFORMATION.

P.O. BOX 30018

LANSING MI 48909-7518

JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF COMMUNITY HEALTH

L 783058

BOARD OF MEDICINE



VAMSHIDHAR D GUDUGUNTLA MD  
18325 10 MILE RD #400  
ROSEVILLE MI 48066

PERMANENT I.D. NO.

4301063528

EXPIRATION DATE

01/31/2009

1640079

THIS DOCUMENT IS DULY ISSUED  
UNDER THE LAWS OF THE STATE  
OF MICHIGAN.

THE  
AMERICAN BOARD OF INTERNAL MEDICINE  
INCORPORATED 1936  
ATTESTS THAT  
**Vamshidhar Dhananjai Guduguntla**

HAS MET THE REQUIREMENTS OF THIS BOARD AND IS HEREBY  
CERTIFIED FOR THE PERIOD 2001 THROUGH 2011  
AS A DIPLOMATE IN  
**CARDIOVASCULAR DISEASE**



*Paul G. Ramsey*  
CHAIR  
AMERICAN BOARD OF INTERNAL MEDICINE

*Douglas P. Zipes*  
CHAIR-ELECT  
AMERICAN BOARD OF INTERNAL MEDICINE

*Janet Naughton*  
SECRETARY-TREASURER  
AMERICAN BOARD OF INTERNAL MEDICINE

*Harry R. Lubman*  
PRESIDENT  
AMERICAN BOARD OF INTERNAL MEDICINE

SUBSPECIALTY BOARD ON CARDIOVASCULAR DISEASE

*Joseph Lopez*  
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*Mark Jersey*

*Spencer King III*  
*W. M. Lee*  
*Arnold V. Naccarelli*  
*Mark Silverman*

*Mario Verani*  
*Walter*  
*Arthur E. U...*

THE  
AMERICAN BOARD OF INTERNAL MEDICINE  
INCORPORATED 1936  
ATTESTS THAT

**Vamshidhar Dhananjai Guduguntla**

HAS MET THE REQUIREMENTS OF THIS BOARD AND IS HEREBY  
CERTIFIED FOR THE PERIOD 2003 THROUGH 2013  
TO POSSESS

ADDED QUALIFICATIONS IN INTERVENTIONAL CARDIOLOGY



*Ralph Horwitz*  
CHAIR  
AMERICAN BOARD OF INTERNAL MEDICINE

*Troyen A. Brennan*  
CHAIR-ELECT  
AMERICAN BOARD OF INTERNAL MEDICINE

*James R. Patterson*  
SECRETARY-TREASURER  
AMERICAN BOARD OF INTERNAL MEDICINE

*Chase*  
PRESIDENT  
AMERICAN BOARD OF INTERNAL MEDICINE

TEST COMMITTEE ON INTERVENTIONAL CARDIOLOGY

*Spencer King III*  
CHAIR  
*James Bain*  
*Michael J. Cowley*

*Robertson*  
*David Holmes*  
*Alice K. Jacques*  
*William Walter O'Neil*

*P. Whitlow*  
*David Orsagiam*  
*[Signature]*



# *Eastside Cardiovascular Medicine, P.C.*

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Certification Board of Nuclear Cardiology  
101 Lakeforest Boulevard,  
Suite 401  
Gaithersburg MD 20877

September 23, 2008

**RE: *Guduguntla, Vamshidhar, M.D.***

Dear Certification Board of Nuclear Cardiology:

Dr. Guduguntla has completed a training and/or experience that meets the requirements for Level 2 as outlined in the ACC/ASNC COCATS Guidelines for Training in Nuclear Cardiology, revised 2006.

Dr. Guduguntla completed Level 2 nuclear cardiology training or equivalent between the dates of 1/5/00 and 7/31/01.

I attest that Dr. Guduguntla is competent to independently function as an authorized user under NRC 10 CFR 35.290 uses.

If there are any further questions, please do not hesitate to contact me.

Sincerely,

Kyungsoo Kim, M.D., F.A.C.C.  
NRC Number 21-26263-01  
Medical Director  
Nuclear Cardiology Laboratory  
Eastside Cardiovascular Medicine, P.C.  
KK/lal

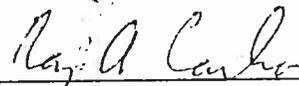
# Certificate of Completion

This is to certify that

Vamshidhar D. Guduguntla, M.D.

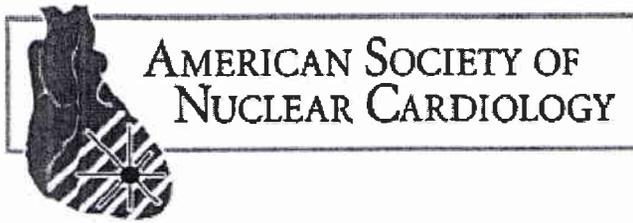
has completed the Nuclear Regulatory Commission Required  
Nuclear Medicine Physics Course  
(200 hours)

December 7, 2001



---

Ray A. Carlson, M.S.  
Radiological Physics Service, Inc.  
Plymouth, Michigan



# The American Society of Nuclear Cardiology

certifies that

## Vamshidhar Guduguntla, MD

has participated in an educational activity titled

**"ASNC2008 - The Annual Scientific Session of the American Society of Nuclear  
Cardiology"**

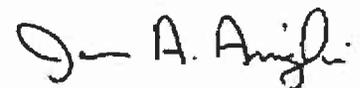
held in Boston, MA from September 10 - 14, 2008

and is awarded 20.50 AMA PRA Category 1 Credits <sup>TM</sup>.

The American Society of Nuclear Cardiology designates this  
educational activity for a maximum of 20.5 AMA PRA Category 1 Credit(s) <sup>TM</sup>.

Physicians should only claim credit commensurate with  
the extent of their participation in the activity.

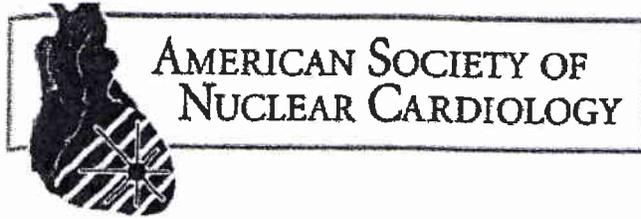
The American Society of Nuclear Cardiology  
is accredited by the Accreditation Council for  
Continuing Medical Education to provide continuing medical  
education for physicians.



---

James A. Arrighi, MD  
Chairman, ASNC Education Committee

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# The American Society of Nuclear Cardiology

certifies that

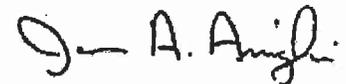
## Vamshidhar Guduguntla, MD

has participated in an educational activity titled

**"Nuclear Cardiology Board Exam Preparation Course"**  
held Boston, MA, September 10-11, 2008

The American Society of Nuclear Cardiology designates this educational activity for a maximum of *16.75 AMA PRA Category 1 Credit(s)<sup>TM</sup>*.  
Physicians should only claim credit commensurate with the extent of their participation in the activity.

The American Society of Nuclear Cardiology is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.



James A. Arrighi, MD  
Chairman, ASNC Education Committee



December 13, 2005

V. GUDUAVNTLA, MD  
18325 TEN MILE ROAD STE 400  
ROSEVILLE, MI 48066

Dear Participant:

The University of Wisconsin School of Medicine and Public Health certifies that V. GUDUAVNTLA, MD has participated in the educational activity titled 30<sup>th</sup> Annual Nuclear Cardiology Symposium and Workshop at the Midwest Airline Center, Milwaukee, Wisconsin on October 21-22, 2005 and is awarded 13.50 AMA PRA category 1 credits.

The following associations also accredit this program for the specified number of hours:

University of Wisconsin Continuing Education Hours 1.35 hours  
(10 hours equal 1 CEU)

American Academy of Family Physicians (prescribed) 13.75 hours

American Osteopathic Association Category 2-A 13.50 hours

\*AMA Category I Credit is accepted by the State Board of Medical Examiners in meeting the requirements of Section 448.13 of Wisconsin Statutes for relicensure of physicians.

Sincerely,

George C. Mejicano, MD, MS  
Director, Office of CME

GCM/alw

Continuing Medical Education

Medical School

University of Wisconsin-Madison

750 Highland Avenue

Madison, Wisconsin 53705-2221

608/263-2850

Fax: 608/262-8421

Email: [cme@med.wisc.edu](mailto:cme@med.wisc.edu)

[www.cme.wisc.edu](http://www.cme.wisc.edu)



December 8, 2005

V. AUDUAVNTLA, MD  
18325 TEN MILE ROAD STE 400  
ROSEVILLE, MI 48066

*The University of Wisconsin School of Medicine and Public Health, Office of Continuing Medical Education*

*Certifies*

*V. AUDUAVNTLA, MD*

*has satisfactorily completed*

- WID0105018** Instrumentation: Imaging Systems, Protocols and Hot Laboratory Equipment; Fundamentals of Cardiac SPECT Imaging
- WID0105019** Cardiac Imaging Processing: From Image Reconstruction to Quantitative Review; Quality Control
- WID0105020** Perfusion SPECT Artifacts; Assessment of Myocardial Viability in Heart Failure
- WID0105021** Evaluation of LV Function: First Pass, MUGA and Gated SPECT; Transition from SPECT to PET-CT
- WID0105022** Exercise and Pharmacologic Protocols; Guidance to Risk Stratification in Chronic CAD
- WID0105023** Preoperative Evaluation Prior to Non-Cardiac Surgery; How the SPECT Interacts With Atherosclerotic Testing
- WID0105024** Evaluation of Therapy by Nuclear Cardiology; Nuclear Cardiology in Suspected Acute Coronary Syndromes
- WID0105025** Optimizing the Practice of Nuclear Cardiology; SPECT CT and CT. The Role in Cardiology

*at the 30<sup>th</sup> Annual Nuclear Cardiology Symposium and Workshop on October 21-22, 2005 in Milwaukee, WI and has earned 12.00 Category A CE credit(s).*

Program Approval Start Date 10/21/05

Program Approval End Date 10/23/05

George C. Mejicano, MD, MS  
Director, Office of CME

**Continuing Medical Education**

Medical School University of Wisconsin-Madison 750 Highland Avenue Madison, Wisconsin 53705-2221  
608/263-2850 Fax: 608/262-8421 Email: [cme@med.wisc.edu](mailto:cme@med.wisc.edu) [www.cme.wisc.edu](http://www.cme.wisc.edu)



*Certificate  
Of  
Attendance*

**“Cardiac Imaging”**

**Vamishidhar Guduguntla, M.D.**

**Has Attended up to 2.0 Hours of Continuing Medical Education Approved for  
Category I by Michigan State Medical Society through  
St. John Macomb Hospital**

*Kevin M O'Brien MD*

**September 23, 2005**

---

Kevin O'Brien, M.D.  
Chairman of Continuing Medical Education



**Harper Hospital**

Detroit Medical Center/Wayne State University

October 10, 2001

Vamshidhar D. Guduguntla, M.D.  
St. John Hospital and Medical Center  
Suite 126  
Professional Building 1  
22151 Moross  
Detroit, MI. 48236

Dear Dr. Guduguntla:

This letter is to confirm that you have successfully completed a one-month rotation in the exercise stress and nuclear cardiology laboratory at Harper Hospital. The month of service was April, 2001. During your preceptorship, you participated in the performance and/or the interpretation of at least 120 perfusion studies, with angiographic correlation in at least 10 patients. The time you spent in the laboratory may be considered to be 200 hours.

Richard J. Harris, V.M.D., M.D., F.A.C.C.  
Director, Exercise Stress Laboratory and Nuclear Cardiology  
Nuclear Regulatory License #21-04127-02

3990 John R Rd.  
Detroit, MI 48201

Richard J. Harris, V.M.D., M.D.  
Director, Exercise Laboratory  
Director, Nuclear Cardiology  
Division of Cardiology  
Harper Hospital  
3990 John R St.  
Detroit, MI 48201  
Phone: (313) 745-2740  
Fax: (313) 993-0558

Division Head  
James Marsh, M.D.

Faculty  
Steven Cala, Ph.D.  
Gerald Cohen, M.D.  
Edouard Daher, M.D.  
Steven Gallman, M.D.  
Pamela Gordon, M.D.  
Richard Harris, V.M.D., M.D.  
Ibrahim Jawad, M.D.  
Marvin Kronenberg, M.D.  
Li Li, Ph.D.  
Kandy Lieberman, M.D.  
James Murfin, M.D.  
Marc D. Meisner, M.D.  
John B. O'Connell, M.D.  
Peter Procewski, D.V.M.  
Randall Reher, M.D.  
Jonathan Sherman, P.A.-C.  
J. Richard Spears, M.D.  
Richard VanderHeide, Ph.D., M.D.  
Joshua Wynn, M.D.



www.dmc.org

**St. John  
Hospital and  
Medical Center**22101 Moross Road  
Detroit, MI  
48236-2172

313.343.4000

August 1, 2001

To Whom It May Concern:

This letter is to affirm that Vamshidhar D. Guduguntla, M.D. has obtained supervised nuclear medicine, nuclear cardiology/clinical and work experience in our institution. The experience, preceptorship began January 5<sup>th</sup>, 2000 and continued through July 31, 2001.

The clinical participation includes active participation in the following procedures: 322 gated SPECT, sestamibi rest and stress imaging/ function procedures, 30 thallium myocardial viability studies, 27 resting MUGA scans.

During this clinical experience of about 500 hours the physician examined patients and reviewed histories to determine the suitability for these procedures, selected the suitable radio pharmaceuticals using a syringe shield, collaborated with an authorized user in the interpretation of the procedures and use the interpretation in the management of patients.

Concurrent with clinical experience was supervised work experience of about 500 hours. This included but not limited to procedures for ordering, receiving and unpacking radioactive materials. Calibrating the dose calibrator and other instruments as well as checks for proper operation, calculating and preparing patient dosages using administrative controls, prevent misadministration: using procedures to contain spills and decontamination procedures.

The physician also gained experience in eluting the 99m TC/99Mo generator and testing for 99Mo and alumina and the processing of the elute with reagent kits.

Sincerely

Ramanan S. Venkat. M.D.  
Nuclear License # 21-03210-01

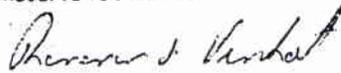
EXHIBIT 3  
SUPPLEMENT B

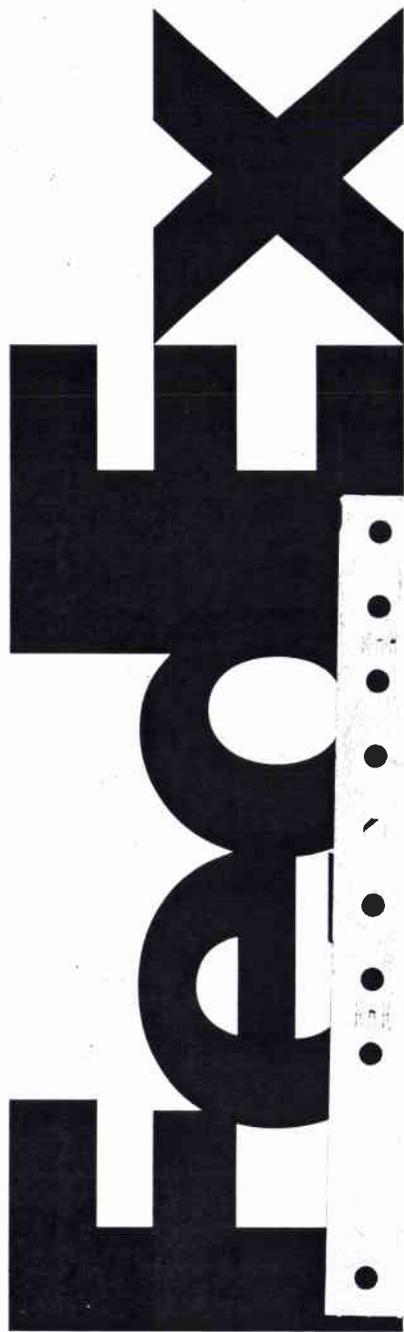
SUPPLEMENT		U. S. NUCLEAR REGULATORY COMMISSION	
PRECEPTOR STATEMENT			
Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.			
1. PROPOSED PHYSICIAN USER'S NAME AND ADDRESS		KEY TO COLUMN C	
FULL NAME		PERSONAL PARTICIPATION SHOULD CONSIST OF:	
Vamshidhar D. Guduguntla		1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.	
STREET ADDRESS		2-Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data.	
461 Elizabeth Ct.		3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.	
CITY	STATE	ZIP CODE	
Grosse Pointe Farms	MI	48236	
2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN			
ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted, in duplicate on separate sheets.) D
	Thyroid scan		
	Thyroid uptake		
	Lung perfusion scan		
	Xenon ventilation study		
	Aerosol ventilation scan		
	Renal flow scan		
	Brain scan		
	Liver/spleen scan		
	Bone scan		
	Gastroesophageal study		
	LeVeen shunt study		
	Cystogram		
	Dacryocystogram		
	Cardiac perfusion scan.		
Cardiac stress ventriculogram			
Cardiac rest ventriculogram			
Gallium scan			

EXH-6

*Praveen K. Kulkarni*  
7/3/01

EXHIBIT 3 (Continued)

PROPOSED PHYSICIAN USER Vamshidhar Guduguntla			
<b>PRECEPTOR STATEMENT (Continued)</b>			
<b>2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)</b>			
ISOTOPE	CONDITIONS DIAGNOSED OR TREATED	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION	COMMENTS <small>(Additional information or comments may be submitted in duplicate on separate sheet.)</small>
A	B	C	D
P-32 <small>(Selen)</small>	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
P-32 <small>(Colloid)</small>	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM		
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Co-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
	TELE THERAPY TREATMENT		
Co-60 or Co-137	TELE THERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIO PHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	6	
Sm-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS		
Other			
<b>3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING</b>			
LOCATION		DATES	CLOCK HOURS OF EXPERIENCE
<b>4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:</b>		<b>5. PRECEPTOR'S SIGNATURE</b>	
a. NAME OF SUPERVISOR Ramanan S. Venkat			
b. NAME OF INSTITUTION St. John Hospital and Medical Center			
c. MAILING ADDRESS 22101 Moross		<b>7. PRECEPTOR'S NAME (Please type or print)</b> RAMANAN S. VENKAT, MD	
d. CITY Detroit MI		<b>8. DATE</b> 7/31/01	
<b>6. MATERIALS LICENSE NUMBER(S)</b>			



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