

MidMichigan
Medical Center
Midland

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Midland, MI 48670

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
WASTE AND HAZARDOUS MATERIALS DIVISION

RADIOACTIVE MATERIAL REGISTRATION



This information is required under authority of Part 135, 1978 PA 368, as amended
Failure to provide the information could result in legal action and penalties

1. Registrant Name (individual/legal entity to whom registration is to be issued) Advance PET Imaging Network Street Address/PO Box Suite/Office Building 4005 Orchard Drive City/Township State Zip + 4 Midland Michigan, 48670		2 Facility Name (location of the radioactive sources) Same Street Address Suite/Office Building Same City/Township State Zip + 4 Same	
3. State-Regulated Radioactive Material (e.g. F-18, Na-22, Co-57, Ga-67, Pd-103, Cd-109, In-111, I-123, Tl-201, Ra-226) If currently registered, please provide current radioactive material registration number			
Unsealed Sources		Sealed Sources	
Radionuclide	Maximum Activity at Facility (millicuries)	Radionuclide	Maximum Activity at Facility (millicuries)
F-18	250 mCi	Ge-68	100 mCi
		Na-22	100 mCi
4. Radiation Protection Supervisor's Name James M Botti, MS		Area Code and Telephone No 734-662-3197	Facsimile Number 734-662-9224
Title Radiation Safety Officer		Electronic Mail Address jbotti@mpcphysics.com	
Signature 		Date 04/26/06	
5. Radioactive Material Licensed by the U. S. Nuclear Regulatory Commission or Another State Specific License Numbers:			
REGISTRATION DOES NOT IMPLY APPROVAL OF THE FACILITY BY THE MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY (MDEQ) Registration will not be acknowledged by the MDEQ by return of a receipted copy of this document unless it is properly completed and signed Please return this completed document to:			
MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY WASTE AND HAZARDOUS MATERIALS DIVISION HAZARDOUS WASTE AND RADIOLOGICAL PROTECTION SECTION PO BOX 30241 LANSING MI 48909-7741			
For additional information please contact us at: Telephone: 517-335-2690 Fax: 517-373-4797			
MDEQ Registration Number:		MDEQ USE ONLY	
Initial <input type="checkbox"/>	Staff No.	Received Copy Sent	
Amendment <input type="checkbox"/>	County No.		