

November 30, 2009

B. 2

U.S. Nuclear Regulatory Commission  
Region I  
Nuclear Materials Safety Branch  
475 Allendale Road  
King of Prussia, PA 19406-1415

03032952

**RE:** Material License #24-04206-15MD (Milford, CT)

RECEIVED  
REGION 1  
2009 DEC - 1 AM 10:39

***Please Expedite Licensing Request***

Dear License Reviewer:

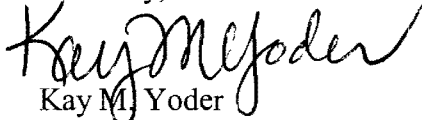
Please amend the above referenced material license to reflect the following modification:

1. Amend to name **Hussam Abbassi, R.Ph.** as an Authorized Nuclear Pharmacist. Mr. Abbassi has completed the necessary didactic and practical experience training in accordance with 10 CFR 35.980 (Attachment A). In addition, the Connecticut Board of Pharmacy recognizes Mr. Abbassi as a Registered Pharmacist (Attachment B).

An expedited review of this request would be appreciated due to extended staffing shortages in this pharmacy. All other items relating to our radioactive material license and established Radiation Safety Program remain unchanged at this time.

Please contact April Chance, Manager, Radiological Affairs, at (314) 654-7960 for additional information to support this request. Thank you for your prompt assistance regarding this matter.

Sincerely,



Kay M. Yoder  
Director Environmental, Health & Safety – Mallinckrodt Inc.

Attachments

cc: R. Hylinski, R.Ph., Radiation Safety Officer (Milford, CT)  
A. Chance, Manager, Radiological Affairs (Hazelwood, MO)

**ATTACHMENT A**  
**TRAINING DOCUMENTATION FOR**  
**ABBASSI**

NRC FORM 313A (ANP)  
(3-2009)

U.S. NUCLEAR REGULATORY COMMISSION

**AUTHORIZED NUCLEAR PHARMACIST TRAINING AND  
EXPERIENCE AND PRECEPTOR ATTESTATION**  
[10 CFR 35.55]

APPROVED BY OMB: NO. 3150-0120  
EXPIRES: 3/31/2012

Name of Proposed Authorized Nuclear Pharmacist

State or Territory Where Licensed

Hussam M. Abbassi

Connecticut

**PART I -- TRAINING AND EXPERIENCE**  
(Select one of the two 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 nuclear pharmacy uses.

☐ 1. Board Certification

- a. Provide a copy of the board certification.  
b. Skip to and complete Part II Preceptor Attestation.

☒ 2. Structured Educational Program for Proposed Authorized Nuclear Pharmacist

- a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	The Ohio State University, Columbus, OH	88	7/6/2009- 7/31/2009
Radiation protection	The Ohio State University, Columbus, OH	45	7/6/2009- 7/31/2009
Mathematics pertaining to the use and measurement of radioactivity	The Ohio State University, Columbus, OH	20	7/6/2009- 7/31/2009
Chemistry of byproduct material for medical use	The Ohio State University, Columbus, OH	39	7/6/2009- 7/31/2009
Radiation biology	The Ohio State University, Columbus, OH	22	7/6/2009- 7/31/2009

**Total Hours of Training:** 214

NRC FORM 313A (ANP)  
(3-2009)

U.S. NUCLEAR REGULATORY COMMISSION

**AUTHORIZED NUCLEAR PHARMACIST TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION (continued)**

**2. Structured Educational Program for Proposed Authorized Nuclear Pharmacist (continued)**

**b. Supervised Practical Experience in a Nuclear Pharmacy.**

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Shipping, receiving, and performing related radiation surveys	Mallinckrodt, Inc. Milford, CT 24-04206-15MD	100	6/1/2009- 11/20/2009
Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and, if appropriate, instruments used to measure alpha- or beta-emitting radionuclides	Mallinckrodt, Inc. Milford, CT 24-04206-15MD	100	6/1/2009- 11/20/2009
Calculating, assaying, and safely preparing dosages for patients or human research subjects	Mallinckrodt, Inc. Milford, CT 24-04206-15MD	300	6/1/2009- 11/20/2009
Using administrative controls to avoid medical events in administration of byproduct material	Mallinckrodt, Inc. Milford, CT 24-04206-15MD	100	6/1/2009- 11/20/2009
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures	Mallinckrodt, Inc. Milford, CT 24-04206-15MD	150	6/1/2009- 11/20/2009

**Total Hours of Experience:** 750

Supervising Individual

Joseph Remesz-Guerrette, PharmD.

**c. Go to and complete Part II Preceptor Attestation.**

NRC FORM 313A (ANP)  
(3-2009)

U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED NUCLEAR PHARMACIST 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.

## First Section

Check one of the following:

Board Certification

☐ I attest that \_\_\_\_\_ has satisfactorily completed the requirements in  
Name of Proposed Authorized Nuclear Pharmacist

10 CFR 35.55(a)(1), (a)(2), and (a)(3) and has achieved a level of competency sufficient to function independently as an authorized nuclear pharmacist.

OR

Structured Educational Program

☒ I attest that Hussam M. Abbassi has satisfactorily completed a 700-hour structured  
Name of Proposed Authorized Nuclear Pharmacist

educational program consisting of both 200 hours of classroom and laboratory training, and practical experience in nuclear pharmacy, as required by 10 CFR 35.55(b)(1) and has achieved a level of competency sufficient to function independently as an authorized nuclear pharmacist.

## Second Section

Complete the following for preceptor attestation and signature:

I am an Authorized Nuclear Pharmacist for

Mallinckrodt, Inc.

Nuclear Pharmacy or Medical Facility

24-04206-15MD.

License/Permit Number

Name of Preceptor

Joseph Remesz-Guerrette

Signature



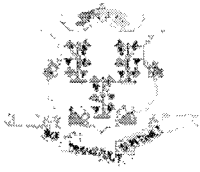
Telephone Number

(203) 882-9903

Date

11/25/2009

**ATTACHMENT B**  
**DOCUMENTATION OF PHARMACIST LICENSURE**  
**IN CONNECTICUT**



State of Connecticut

**Lookup Detail View****Contact Name**

Name
HUSSAM M ABBASSI

**Credential Information**

Credential	License Type	Effective Date	Expiration Date	Status
PCT.0011512	PHARMACIST	11/24/2009	01/31/2010	ACTIVE

Generated on: 11/25/2009 11:58:09 AM

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

11/30/09, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment 04-0420/0-15 MD  
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** 14-1316.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.