

**MATERIALS LICENSING BRANCH
UNITED STATES NUCLEAR REGULATORY COMMISSION**

REGION III
2443 WARRENVILLE ROAD STE 210
LISLE, ILLINOIS 60532-4352
OFFICE: (630)-829-9892 FAX: (630) 515-1078

CONVERSATION RECORD | TIME | DATE
ACTUALLY FAXED? *Yes.* | | *03/24/2010*

NAME OF PERSON(S) CONTACTED ORGANIZATION TELEPHONE NO.
Laura Luna, Consultant Academic Cardiology Associates, P.C. O: 734-662-3197
Kevin Miller in lieu of Laura Luna on Medical leave. F: 734-662-9224

SUBJECT
License No.: 21-32228-02 Control No.: 318605

SUMMARY
We have reviewed your renewal license application dated October 19, 2009, and find that we need additional information as follows:

1. In NRC Form 313, Item 3 of your application, **please verify if the suite designation is necessary for your location of use.**
2. From NUREG 1556, Vol.9, Rev. 2 Item 9 Radiation Monitoring Instruments, **please provide a description of the instruments to be used to perform required surveys, their calibration, and also include statements on the replacement of these instruments.**
3. In Item 10 Occupational Dose, you provided the incorrect NUREG reference with your submittal. **Please respond by requesting "Either we will perform a prospective evaluation demonstrating that unmonitored individuals are not likely to receive, in 1 year, a radiation dose in excess of 10% of the allowable limits in 10 CFR Part 20 or we will provide dosimetry that meets the requirements listed under 'Criteria' in NUREG-1556, Vol. 9, Rev. 2, 'Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Medical Use Licenses.'"**

We will be unable to continue processing your request until we receive this information. In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this letter will be available electronically in the NRC Public Document Room or from the Publicly Available Record (PARS) component of NRC's document system (ADAMS) accessible from the NRC Website at <http://www.nrc.gov/reading-rem/adams.html>.

ACTION REQUIRED
Please submit a **signed written response** within 7-days or contact me to arrange an alternate response date. Be sure to reference control number 318605 to facilitate correct processing of your response.

Upon receipt of your response we will resume our review.

PLEASE DIRECT ANY QUESTIONS YOU MAY HAVE TO ME AT (630) 829-9892.

NAME OF PERSON DOCUMENTING CONVERSATION SIGNATURE DATE
Jose D. Macatangay *Jose Macatangay* *03/24/2010*

03/24/2010: Spoke with Kevin Miller consultant, to discuss additional information requested. Informed Mr. Miller to have client's mgmt sign response & fax with the control number. Mr. Miller indicated that the 7-days response time is sufficient.

JDM 4/6/10