

ABC CARDIOLOGY CONSULTANTS, P.C.

Herman C. Gist, M.D. Asmir I. Syed, M.D. Crystal M. McGinty, M.D.

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Bowie, MD 20721-1932
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August 24, 2010

Br. 1

U.S. Nuclear Regulatory Commission
Region I
Nuclear Material Section B
475 Allendale Road
King of Prussia, PA 19406

RE: Radioactive Materials License Amendment
ABC Cardiology Consultants, P.C
License #08-31328-01
Docket # 030-37813

License Reviewers:

Please amend the above-referenced license to include the following changes:

1. Please amend Conditions 12 B, authorized users to **add:**
Asmir I. Syed, M.D. to Material and Use for **35.100,35.200.**

Enclosed please find the following:

Copy of ABC Cardiology Consultants, PC-NRC License # 08-31328-01

Copies of Dr. Syed's Board of Nuclear Cardiology Certification

NRC FORM 313A (AUD). Authorized User Training and Experience and
Preceptor Attestation.

We respectfully request an actual amendment be issued.

If there are any questions or additional information needed, please contact Mr. Chris Bartos,
Health Physics Consultant, Krueger-Gilbert Physics, Inc. at (410) 692-9806 or undersigned
At (202)829-2834

Sincerely,



Abbas Motazed, M.D
Radiation Safety Office

573417
NMSS/RGN1 MATERIALS-002

**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: 3/31/2012

Name of Proposed Authorized User

Asmir I. Syed, MD

State or Territory Where Licensed

Washington, DC

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			
Total Hours of Training:			

- 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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Administering dosages of radioactive drugs to patients or human research subjects		<input 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		<input 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 35.190Board Certification

☐ I attest that _____ 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 _____ 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 35.290Board Certification

☒ I attest that Asmir I. Syed, MD 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 _____ 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 Abbas Motazed, MD	Signature <i>Abbas Motazed</i>	Telephone Number 202-829-2834	Date 8-20-2010
License/Permit Number/Facility Name ABC Cardiology Consultants, PC NRC Lic. 08-31328-01, Docket No. 030-37813			

U.S. NUCLEAR REGULATORY COMMISSION

MATERIALS LICENSE

Pursuant to the Atomic Energy Act of 1954, as amended, the Energy Reorganization Act of 1974 (Public Law 93-438), and Title 10, Code of Federal Regulations, Chapter I, Parts 30, 31, 32, 33, 34, 35, 36, 39, 40, and 70, and in reliance on statements and representations heretofore made by the licensee, a license is hereby issued authorizing the licensee to receive, acquire, possess, and transfer byproduct, source, and special nuclear material designated below; to use such material for the purpose(s) and at the place(s) designated below; to deliver or transfer such material to persons authorized to receive it in accordance with the regulations of the applicable Part(s). This license shall be deemed to contain the conditions specified in Section 183 of the Atomic Energy Act of 1954, as amended, and is subject to all applicable rules, regulations, and orders of the Nuclear Regulatory Commission now or hereafter in effect and to any conditions specified below.

Licensee		
1. ABC Cardiology Consultants, P.C.		3. License number 08-31328-01
2. 106 Irving Street NW #1500 North Washington, D.C. 20010		4. Expiration date September 30, 2018
		5. Docket No. 030-37813 Reference No.
6. Byproduct, source, and/or special nuclear material	7. Chemical and/or physical form	8. Maximum amount that licensee may possess at any one time under this license
A. Any byproduct material permitted by 10 CFR 35.100	A. Any	A. As needed
B. Any byproduct material permitted by 10 CFR 35.200	B. Any	B. As needed
9. Authorized use:		
A. Any uptake, dilution and excretion study permitted by 10 CFR 35.100.		
B. Any imaging and localization study permitted by 10 CFR 35.200.		

CONDITIONS

10. Licensed material may be used or stored only at the licensee's facilities located at 106 Irving Street NW, #1500 North, Washington, D.C.
11. The Radiation Safety Officer for this license is Abbas Motazedi, M.D.
12. Licensed material is only authorized for use by, or under the supervision of:
 - A. Individuals permitted to work as an authorized user in accordance with 10 CFR 35.13 and 35.14.

**MATERIALS LICENSE
SUPPLEMENTARY SHEET**License Number
08-31328-01Docket or Reference Number
030-37813

B. The following individuals are authorized users for medical use as indicated:

Authorized UsersMaterial and Use

Abbas Motazedj, M.D.

35.100; 35.200

13. In addition to the possession limits in Item 8, the licensee shall further restrict the possession of licensed material to quantities below the minimum limit specified in 10 CFR 30.35(d) for establishing decommissioning financial assurance.
14. The licensee is authorized to transport licensed material in accordance with the provisions of 10 CFR Part 71, "Packaging and Transportation of Radioactive Material."
15. Except as specifically provided otherwise in this license, the licensee shall conduct its program in accordance with the statements, representations, and procedures contained in the documents, including any enclosures, listed below. This license condition applies only to those procedures that are required to be submitted in accordance with the regulations. Additionally, this license condition does not limit the licensee's ability to make changes to the radiation protection program as provided for in 10 CFR 35.26. The U.S. Nuclear Regulatory Commission's regulations shall govern unless the statements, representations, and procedures in the licensee's application and correspondence are more restrictive than the regulations.

A. Application dated September 20, 2008

For the U.S. Nuclear Regulatory Commission

Date September 29, 2008

By

Original signed by Dennis R. Lawyer

Dennis R. Lawyer
Commercial and R&D Branch
Division of Nuclear Materials Safety
Region I
King of Prussia, Pennsylvania 19406

Certification Board of Nuclear Cardiology

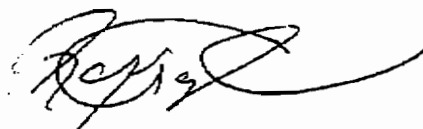
Incorporated 1996

Certifies that

Asmir I. Syed, MD

HAVING MET THE REQUIREMENTS PRESCRIBED BY THIS BOARD
FOR PHYSICIANS TRAINED IN THE UNITED STATES
AND HAVING SATISFACTORILY PASSED THE REQUIRED EXAMINATION,
IS HEREBY DESIGNATED
A DIPLOMATE CERTIFIED IN THE SUBSPECIALTY OF
NUCLEAR CARDIOLOGY

FOR THE PERIOD 2008 - 2018



President



Secretary



CERTIFICATE NUMBER: 6727

Health & Radiological Seminars, Inc.

Hereby certifies that

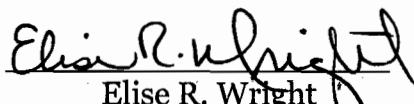
Asmir I. Syed M.D.

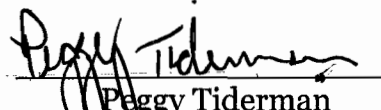
has successfully completed the 80 Hour Physician Training
Program in Basic Radioisotope Handling conducted
in accordance with the requirements of the
U.S. Nuclear Regulatory Commission (10 CFR 35).

COURSE OUTLINE

Radiation Physics and Instrumentation – 40 hours
Mathematics pertaining to the use and measurement of radioactivity - 15 hours
Radiation Protection – Radiopharmaceutical Chemistry - 15 hours
Radiation Biology – 10 hours

September 10, 2008


Elise R. Wright
Program Director


Peggy Tideman
Executive Director

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

8/24/10, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amendment (08-31328-01) 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** 573417.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.