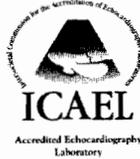




MIDDLESEX CARDIOLOGY ASSOCIATES, P.C.



Keshava H. Aithal, MD, FACC, FACP  
Joseph J. Corning, MD, FACC, FACP  
Stephen M. Franklin, MD, FACC, FACP  
David S. Gallo, MD, FACC  
Subramanian Krishnan, M.D.  
Joseph P. Longhitano, MD, FACC  
Mojca Lorbar, MD, FACC  
John E. Rogan, MD, FACC, FACP  
Gita Roy, MD, FACC, FACP  
Eran I. Shani, MD, FACC

February 9, 2011

U.S. Nuclear Regulatory Commission  
Region 1  
475 Allendale Road  
King of Prussia, PA 19406-1415

*Br 1*

Michele Colwell, PA-C  
Michelle Glidden, F.N.P.-C  
Simone Howe, PA-C  
Kimberly Hudson, APRN  
Jean-Anne McCracken, PA-C

Docket No. 03028939  
Control No. ~~144447~~ *574439*  
License No. 06-23559-01

To Whom It May Concern:

Due to changes in our practice, we would like to propose the following changes to our materials license No. 06-23559-01.

Our nuclear laboratory located at 1347 Boston Post Road, Madison, CT 06443; had been closed and decommissioned by our radiation physicist. Documentation is attached for your review. Please remove this address from our materials license.

Also we have obtained the preceptor attestation for Dr. Subramanian Krishnan from Hartford Hospital which documents the completion of his training and experience in nuclear medicine. We have attached a copy of this along with a copy of his board certification. Please add Dr. Krishnan to our materials license.

Thank-you for your attention to this matter and please do not hesitate to contact me with any questions pertaining to these proposed amendments to our current license.

Sincerely;

Joseph J. Corning, MD, FACC, FACP, RSO

LFF

RECEIVED  
REGION 1  
2011 FEB 14 PM 12:53

*574439*

**NMSS/RGN1 MATERIALS-002**

Date: April 23, 2009

**BILL OF LADING**

Page 1 of 1

**SHIP FROM**

Name: *Middlesex Cardiology Associates, PC*  
 Address: *1347 Boston Post Rd*  
 City/State/Zip: *Madison, CT*  
 SID#: N/A

FOB:

Bill of Lading Number: N/A

BAR CODE SPACE

**SHIP TO**

Name: *Middlesex Cardiology Associates, PC* Location #: \_\_\_\_\_  
 Address: *51 Main St*  
 City/State/Zip: *Old Saybrook, CT*  
 CID#: N/A

FOB:

CARRIER NAME: Radiation Safety Assoc. Inc.  
 Trailer number: POV. CT tag RSA INC  
 Seal number(s): N/A

SCAC: N/A  
 Pro number: N/A

BAR CODE SPACE

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name: N/A  
 Address:  
 City/State/Zip:

Freight Charge Terms:  
 Prepaid  Collect \_\_\_\_\_ 3<sup>rd</sup> Party \_\_\_\_\_

**SPECIAL INSTRUCTIONS:**  
 No placard required.

Master Bill of Lading: with attached underlying Bills of Lading  
 (check box)

**CUSTOMER ORDER INFORMATION**

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP Y or N	ADDITIONAL SHIPPER INFO
	1	15 kg	N	This is to certify that the herein-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transport according to the applicable regulations of the Department of Transportation.
Emergency Response Phone				
860-428-3088				
Generator's Signature:				
X				
<b>GRAND TOTAL</b>				

**CARRIER INFORMATION**

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
<del>207</del>	<del>CB</del>	1	A			UN 2915 Radioactive material Type A package non special form. Class 7 Radioactive Sealed Source Cs-137 ( ) Co-57 ( ) Bq-133 Yellow II		
215	MBq					One (1) Type A container Steel drum 37 cm diameter by 46 cm high		
<b>GRAND TOTAL</b>								

RECEIVING STAMP SPACE

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \$50 per each

COD Amount: \$N/A

Fee Terms: Collect:  Prepaid:   
 Customer check acceptable:

**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c)(1)(A) and (B).**

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper Signature

**SHIPPER SIGNATURE / DATE**  
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:  By Shipper  By Driver  
 Freight Counted:  By Shipper  By Driver/pallets said to contain  By Driver/Pieces

**CARRIER SIGNATURE / PICKUP DATE**  
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

*[Signature]* 2/25/10

MIDDLESEX CARDIOLOGY ASSOCIATES, P.C.

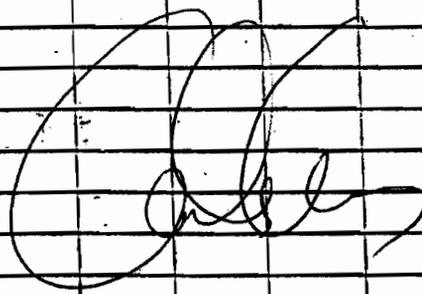
MADISON

Nuclear Cardiology Service  
Area Survey Record: 10 CFR 35.70

Month/Yr: 3, 2/10

Instrument: Ludlum 14-C, BG = 0.1 - 0.3 mR/hr.

Survey Legend: 1 - radpharm prep tray 2 - radwastes in decay 3 - hot lab floor 4 - injection area  
5 - stress room 6 - imaging room 7 - storage 8 - hands 9 - biomedical waste

Site: daily trigger* date	mR/hr								dpm/100 sq cm					Site: triggers
	1	2	3	4	5	6	7	8	1	2	3	4	7	
	5	5	0.5	0.5	0.5	0.5	0.5	0.5	2000	2000	2000	2000	2000	
AREA WIPES - DE COMMISSION														
3/2/10	0	0	0	0	0	0	0	0	0	0	0	0	0	C
AREA SURVEYS														
3/2/10	.02	.02	.02	.02	.02	.02	.02	.02						Q
														
LAB closed														

Notify the RSO if these levels are exceeded.

The RSO must review and sign monthly.

*[Handwritten Signature]*

Date: \_\_\_\_\_

**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  
*Subramanian Krishnan*

State or Territory Where Licensed  
*CT*

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	<i>Hartford Hospital</i>	<i>25</i>	<i>2009</i>

**Total Hours of Experience:**

Supervising Individual

*Gary Vitella*

License/Permit Number listing supervising individual as an authorized user

*06-00253-04*

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	Hartford Hospital - University of Arkansas Online	100	2007-9
Radiation protection	Hartford Hospital University of Arkansas Online	35	2007-9
Mathematics pertaining to the use and measurement of radioactivity	Hartford Hospital University of Arkansas Online	25	2007-9
Chemistry of byproduct material for medical use (not required for 35.590)	Hartford Hospital University of Arkansas Online	35	2007-9
Radiation biology	Hartford Hospital University of Arkansas Online	25	2007-9
<b>Total Hours of Training:</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	Hartford Hospital 06-00253-04	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2009
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Hartford Hospital 06-00253-04	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2009

**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	Hartford Hospital	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2009
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Hartford Hospital	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2009
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Hartford Hospital	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2009
Administering dosages of radioactive drugs to patients or human research subjects	Hartford Hospital	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2009
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	Hartford Hospital	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2009

Supervising Individual <i>Gary V Heller</i>	License/Permit Number listing supervising individual as an authorized user <i>06-00253-04</i>
--	--

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 \_\_\_\_\_ 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 35.290

Board Certification

I attest that Krishnan Subramanian 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	Signature	Telephone Number	Date

License/Permit Number/Facility Name

# Certification Board of Nuclear Cardiology

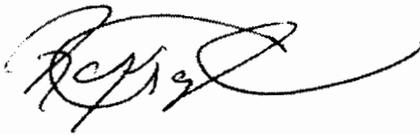
Incorporated 1996

Certifies that

## Subramanian Krishnan, MBBS

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 2009 - 2019**



President



Secretary



CERTIFICATE NUMBER: 7122

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

2/9/2011, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 06-23559-01  
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

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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** 574439.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.