



**LAKEVIEW
DIAGNOSTIC, L.L.C.**

David Schmitt, R.Ph., R.S.O., B.C.N.P.
President

Barbara Riedel
Office Manager

December 27, 2010

Colleen Casey
Nuclear Regulatory Commission
Region III
Materials Licensing Branch
2443 Warrenville Road, Ste 210
Lisle, IL 60532-4352

Re: Amendment to License #21-32444-01MD

Dear Ms. Casey:

This is an amendment to add an additional new authorized nuclear pharmacist to our current site in Port Huron, Michigan. Our current site license number is 21-32444-01MD. The new authorized nuclear pharmacist is Amanda M. Miller. All of Amanda's documentation is enclosed.

If you have any questions, then please call me at 810.987.3317.

Warm Regards,

David Schmitt, R.Ph.
Radiation Safety Officer

ADD TO ADAMS
THIS COPY FOR

575049

RECEIVED JAN 03 2011

2001 11th Avenue • Port Huron, MI 48060
(810) 987-3317

NRC FORM 313
(3-2009)
10 CFR 30, 32, 33,
34, 35, 36, 39, and 40

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0120

EXPIRES: 3/31/2012

APPLICATION FOR MATERIALS LICENSE

Estimated burden per response to comply with this mandatory collection request: 4.3 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects.resources@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

OFFICE OF FEDERAL & STATE MATERIALS AND ENVIRONMENTAL MANAGEMENT PROGRAMS
DIVISION OF MATERIALS SAFETY AND STATE AGREEMENTS
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001

IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:

MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, IL 60532-4352

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:

IF YOU ARE LOCATED IN:

ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:

LICENSING ASSISTANCE TEAM
DIVISION OF NUCLEAR MATERIALS SAFETY
U.S. NUCLEAR REGULATORY COMMISSION, REGION I
475 ALLENDALE ROAD
KING OF PRUSSIA, PA 19408-1415

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING, SEND APPLICATIONS TO:

NUCLEAR MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV
612 E. LAMAR BOULEVARD, SUITE 400
ARLINGTON, TX 76011-4125

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.

1. THIS IS AN APPLICATION FOR (Check appropriate item)

A. NEW LICENSE

B. AMENDMENT TO LICENSE NUMBER **21-32444-01MD**

C. RENEWAL OF LICENSE NUMBER

2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)

Lakeview Diagnostic LLC
2001 11th Avenue
Port Huron, Michigan 48060

3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

David W. Schmitt, R.Ph.

TELEPHONE NUMBER

(810) 987-3317

SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

5. RADIOACTIVE MATERIAL

a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.

6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.

8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.

9. FACILITIES AND EQUIPMENT.

10. RADIATION SAFETY PROGRAM.

11. WASTE MANAGEMENT.

12. LICENSE FEES (See 10 CFR 170 and Section 170.31)

FEE CATEGORY AMOUNT ENCLOSED \$

13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE

SIGNATURE

DATE

David W. Schmitt, R.Ph., Radiation Safety Officer

12/27/2010

FOR NRC USE ONLY

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
-------------	---------	--------------	-----------------	--------------	----------

\$

APPROVED BY

DATE



**The Ohio State University
College of Pharmacy
and
University Medical Center
Department of Pharmacy**



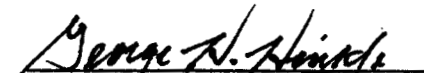
By this certificate warrants that

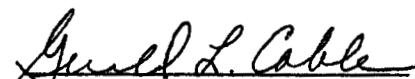
Amanda M. Miller

has satisfactorily fulfilled all requirements
and completed the prescribed course

Nuclear Pharmacy Certificate Program

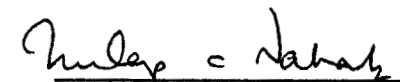
December 23, 2009


Director, Nuclear Pharmacy
Associate Professor of Pharmacy


Director, Outreach and Engagement
College of Pharmacy




Dean, College of Pharmacy


Chair, Pharmacy Practice
and Administration



THE OHIO STATE UNIVERSITY
COLLEGE OF PHARMACY
UNIVERSITY MEDICAL CENTER



NUCLEAR PHARMACY CERTIFICATE PROGRAM
RADIONUCLIDE HANDLING EXPERIENCE

Name: Amanda M. Miller

Date: December 23, 2009

Document the actual use/handling of radioactive material under the supervision of an Authorized Nuclear Pharmacist.

RADIONUCLIDE	RADIOACTIVITY	USE see below	EXPERIENCE Actual clock hours (Include date range of experience)	LOCATION
Mo-99	10 Curies	1,2,3,4,5,6,7	11/30/09	The Ohio State University Medical Center Columbus, OH
Tc-99m	8 Curies	1,2,3,4,5,6,7	through	
I-131	200 mCi	1,2,3,4,5,6	12/23/09	
I-123	1 mCi	1,2,3,4,5,6		
Ga-67	25 mCi	1,2,3,4,5		
Tl-201	50 mCi	1,2,3,4,5		
In-111	7.5 mCi	1,2,3,4		
Sr-89	5 mCi	1,2,3,4,5,6		
Sm-153	100 mCi	1,2,3,4,5,6		
F-18	200 mCi	1,2,3,4,5,6		
Cs-137	0.2 mCi	1,2,5		
			TOTAL HOURS: 40 hours	

Key for "Use": the number, or numbers, entered under "Use" should correspond to the handling experience for each radionuclide.

1. Ordering, shipping, receiving radioactive materials and performing related radiation surveys.
2. Calibrating, using and performing checks for proper operation of dose calibrators, scintillation detectors, survey meters, and, if applicable, instruments used to measure alpha- or beta-emitting radionuclides.
3. Calculating, assaying and safely preparing dosages for patients or human research subjects.
4. Using appropriate internal controls to avoid mistakes in the labeling and/or administration of by product material.
5. Using procedures to prevent or minimize contamination and using proper decontamination procedures.
6. Learning emergency procedures to handle and contain spilled materials safely, including related decontamination procedures, surveys and wipe tests.
7. Eluting Tc99m from generator systems, assaying the eluate for Tc99m and for Mo99 and processing the eluate with reagent kits to prepare Tc99m labeled radioactive drugs.

Authorized Nuclear Pharmacist:

George H. Hinkle
George H. Hinkle, RPh, MS, BCNP

Date: December 23, 2009



THE OHIO STATE UNIVERSITY
COLLEGE OF PHARMACY
UNIVERSITY MEDICAL CENTER



NUCLEAR PHARMACY CERTIFICATE PROGRAM

TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

Name: Amanda M. Miller

Location of Training	Dates of Attendance	Course Title	Total Clock Hours of Course	BREAKDOWN OF COURSE CONTENT IN CLOCK HOURS				
				Radiation Physics & Instrumentation	Radiation Protection	Math Pertaining to Radioactivity	Radiation Biology	Radiopharmaceutical Chemistry
The Ohio State University, Columbus, OH	November 30, 2009 through December 23, 2009	Nuclear Pharmacy Certificate Program	214	88	45	20	22	39
*Note: Show a breakdown of hours by institution, dates, and subjects. List each hour only once (i.e., under the most applicable subject category) TOTAL HOURS			214	88	45	20	22	39

Authorized Nuclear Pharmacist/Authorized User:

George H. Hinkle
George H. Hinkle, RPh, MS, BCNP, FASHP, FAPhA

DATE: December 23, 2009

APPENDIX B

NRC FORM 313A
(10-2002)

U.S. NUCLEAR REGULATORY COMMISSION

TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

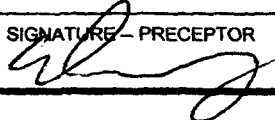
5a. WORK EXPERIENCE WITH RADIATION

Description of Experience	Name of Supervising Individual(s)	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience
Student Intern ^{May 07 - present}	ERIC H. Schaefer	1331 N. Cole St Lima, OH 45801	1850
Worked on all aspects of the pharmacy with all of the isotopes.		Heart Light Pharmacy 02500020000 (OHIO)	

5b. SUPERVISED CLINICAL CASE EXPERIENCE

Radionuclide	Type of Use	No. of Cases Involving Personal Participation	Name of Supervising Individual	Location and Corresponding Materials License Number	Dates and Clock Hours of Experience

NRC FORM 313A (10-2002)		U.S. NUCLEAR REGULATORY COMMISSION	
TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)			
6. FORMAL TRAINING (applies to Medical Physicists and Therapy Physicians)			
Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Numbers	Dates	Name of Organization that Approved the Program (e.g., Accreditation Council for Graduate Medical Education) and the Applicable Regulation (e.g., 10 CFR 35.490)
7. RADIATION SAFETY OFFICER – ONE-YEAR FULL-TIME TRAINING			
<input type="checkbox"/>	YES	Completed 1-year of full-time radiation safety experience (in areas identified in item 5a) under supervision	
<input type="checkbox"/>	N/A	of _____ the RSO for License No. _____	
8. MEDICAL PHYSICIST – ONE YEAR FULL-TIME TRAINING/WORK EXPERIENCE			
<input checked="" type="checkbox"/>	YES	Completed 1-year of full-time training in therapeutic radiological physics under the supervision of	
<input type="checkbox"/>	N/A	_____ who meets requirements for Authorized Medical Physicists; and	
<input type="checkbox"/>	YES	Completed 1-year of full-time work experience (for areas identified in item 5a) for _____	
<input type="checkbox"/>	N/A	modality(ies) under the supervision of _____ who meets requirements for Authorized Medical Physicists for _____ modality(ies).	
9. SUPERVISING INDIVIDUAL – IDENTIFICATION AND QUALIFICATIONS			
The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 10 CFR 35, provide the following information for each):			
A. Name of Supervisor	B. Supervisor is:		
<u>ERIC H. SCHAAF</u>	<input type="checkbox"/> Authorized User	<input type="checkbox"/> Authorized Medical Physicists	
	<input type="checkbox"/> Radiation Safety Officer	<input checked="" type="checkbox"/> Authorized Nuclear Pharmacists	
C. Supervisor meets requirements of Part 35, Section(s) _____ for medical uses in Part 35, Section(s) _____			
D. Address	E. Materials License Number		
<u>1331 N. Cole St.</u> <u>LIMA, OH 45801</u>	<u>025 00020000</u> <u>(OHIO)</u>		

NRC FORM 313A (10-2002)	U.S. NUCLEAR REGULATORY COMMISSION
TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)	
PART II -- PRECEPTOR STATEMENT	
<p>Note: This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. This part is not required to meet the training requirements in 10 CFR 35.590.</p> <p>Item 10 must be completed for Nuclear Pharmacists meeting the requirements of 10 CFR Part 35, Subpart J. Preceptors do not have to complete items 11a, 11b, or the certifying statements for other individuals meeting the requirements of 10 CFR Part 35, Subpart J.</p>	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> N/A	10. The individual named in item 1 has satisfactorily completed the training requirements in 10 CFR 35.980 and is competent to independently operate a nuclear pharmacy.
<input checked="" type="checkbox"/> YES <input type="checkbox"/> N/A	11a. The individual named in item 1 has satisfactorily completed the requirements in Part 35, Section(s) and Paragraph(s) _____
<input checked="" type="checkbox"/> YES <input type="checkbox"/> N/A	11b. The individual named in item 1. is competent to independently function as an authorized <u>Nuclear Pharmacist</u> for _____ uses.
12. PRECEPTOR APPROVAL AND CERTIFICATION	
<input checked="" type="checkbox"/> I certify the approval of item 10 and certify I am an Authorized Nuclear Pharmacist;	
OR	
<input type="checkbox"/> I certify the approval of items 11a and 11b and certify I am an Authorized Nuclear Pharmacist;	
OR	
<input type="checkbox"/> I certify the approval of items 11a and 11b, and I certify that I meet the requirements of _____ or equivalent Agreement State requirements to be a preceptor authorized _____ for the following uses of byproduct material: _____	
A. Address <u>ERIC H. Schaaf</u> <u>1331 N. Cole St.</u> <u>Umar, OH 45801</u>	B. Materials License Number <u>025000 20000</u>
C. NAME OF PRECEPTOR (print clearly) <u>ERIC Schaaf</u>	D. SIGNATURE -- PRECEPTOR 
E. DATE <u>10/20/10</u>	

NRC FORM 313A (10-2002)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0120 EXPIRES: 10/31/2005	
TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT			
PART I - TRAINING AND EXPERIENCE			
Note: Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.			
<i>AMANDA M. Miller Pharm D.</i>			
1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50)			
<i>Authorized Nuclear Pharmacist</i>			
2. For Physicians, Podiatrists, Dentists, Pharmacists - State or Territory Where Licensed			
3. CERTIFICATION			
Specialty Board	Category	Month and Year Certified	
Stop here when using Board Certification to meet 10 CFR Part 35 training and experience requirements.			
4. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)			
Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation	<i>Through OSU program</i>		
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology			
Chemistry of Byproduct Material for Medical Use			
OTHER			

OHIO STATE BOARD OF PHARMACY

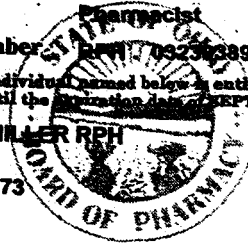
77 S. High St., Room 1702, Columbus, OH 43215-6126
Phone: 614/466-4143 Fax: 614/752-4836
website: www.pharmacy.ohio.gov

021273

Pharmacist
Identification Number **09256389**


Be it known that the individual named below is entitled to practice in the State of Ohio until the expiration date of **SEPTEMBER 16, 2011**.

AMANDA MARIE MILLER RPH
21387 RD 12B
OAKWOOD OH 45873



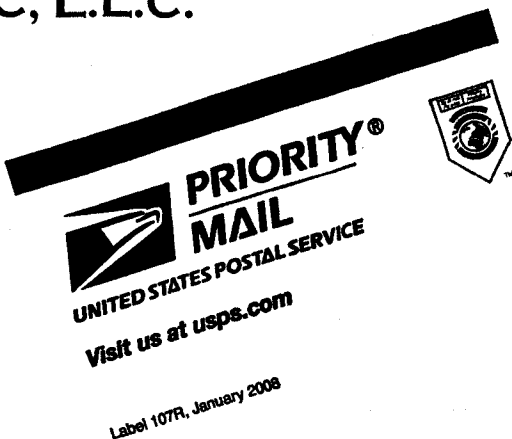
PHA-0402 (6/10) Completion of this form is required by OAC Rule 4729-5-02

The pharmacist or pharmacy intern signing below shall have this card on his/her person while engaged in the practice of pharmacy according to Section 4729.12, Ohio Revised Code.

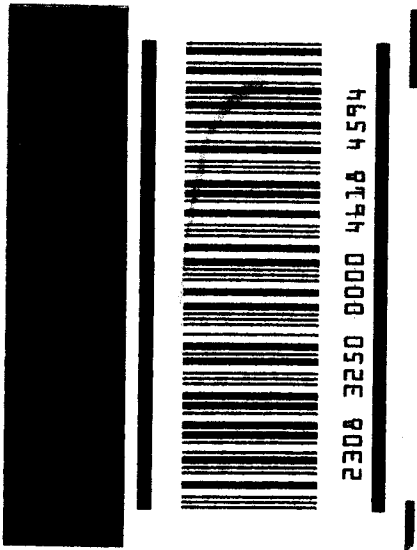

Signature of Individual Named on Front Side

**LAKEVIEW
DIAGNOSTIC, L.L.C.**

2001 11th Avenue
Port Huron, MI 48060



CPU U.S. POSTAGE
PB 1P 000
3658009
PRML
0004
\$ 7.30⁰
MAILED DEC 28 2010
48060



Materials Licensing Branch
U.S. Nuclear Regulatory Commission, Region III
2443 Warrenville Road, Suite 210
Lisle, IL 60532-4352

