

SARA A.B. FORSTER
MATERIALS LICENSING BRANCH



TELECON & FAX TRANSMITTAL

TO: file

COMPANY: N/A

NUCLEAR REGULATORY COMMISSION
REGION III
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LISLE, ILLINOIS 60532-4351
(630) 829-9892 FAX: (630) 515-1078

PAGES: 2 TEL.: N/A

EMAIL: N/A

CONVERSATION RECORD

|TIME |DATE
1:00 pm March 15, 2012

NAME OF PERSON(S) CONTACTED Dan Misuraca, Nuclear Medicine	TELEPHONE NO. (586) 498-0440	ORGANIZATION Eastlake Cardiovascular, P.C.
REPRESENTED PERSON or PERSONS Georges B. Ghafari, M.D., Radiation Safety Officer		ORGANIZATION Eastlake Cardiovascular Associates, P.C./ Eastlake Cardiovascular, P.C.
SUBJECT License No.: 21-26393-01		Control No.: 576244

SUMMARY

We have reviewed your requesting license renewal application and find that we are unable to continue this action until we have received information regarding the following:

1. The submitted facility diagram for this application lacks dimensions and does not clearly indicate uses for areas above, below, and adjacent to the radioactive materials use area. Please resubmit diagrams, drawn to scale and indicating what that scale is. The diagram also should list any room numbers, and describe what is adjacent to the radioactive materials use areas.
RESPONSE: The contact person indicated, via phone conversation on March 15, 2012, that the requested diagram would be submitted via facsimile. The updated diagram was received via facsimile on March 20, 2012. No additional information is needed.
2. The application was silent as to whether PET is being used at this facility. If PET is being used, additional shielding calculations may be required.
RESPONSE: In the March 15, 2012, phone conversation, the licensee indicated that no PET isotopes are being used. No additional information is required.
3. The submitted application lacks a response regarding the Dose Calibrator calibration requirements (page C-18 of the application, under Item 9). Please refer to NUREG 1556, Volume 9, Revision 2, pages 8-43 to 8-45, and provide an updated response for this item.
RESPONSE: Licensee contact indicated, via phone conversation on March 15, 2012, that the requested information would be submitted via facsimile. The commitment was received via facsimile on March 20, 2012, by resubmitting Page C-18 in its entirety. No additional information is needed.
4. The submitted application lists a name that is different from the name listed on the most recent license amendment. Please indicate the correct name. If the name change is due to a transfer of control, additional information related to a transfer of control will be required.
RESPONSE: Documentation confirming the name change to Eastlake Cardiovascular, P.C., was received by facsimile on March 20, 2012. No additional information is required.

We have requested that you submit the referenced items –

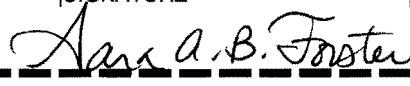
- Updated facility diagram
- Dose calibrator commitment
- Name change documentation

– via facsimile, to (630) 515-1078. Please reference the Control No. 576244, as listed at the top of this memo. The requested information was received. No additional information is required at this time.

For future reference, please always include the name, phone number and fax number of at least one person whom we may contact for additional information when reviewing your licensing correspondence and requests.

Please submit the requested information within 14 days of this record. **Include reference control number 576244, Please FAX your response to my attention at (630) 515-1078.** You may also scan your response and send to me via email, as a pdf file.

Please direct any questions you have to me at **(630) 829-9892** or **sara.forster@nrc.gov**.

NAME OF PERSON DOCUMENTING CONVERSATION	SIGNATURE	DATE
Sara A.B. Forster		04/02/2012
