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facsimile transmittal

To: NRC **Fax:** 6308299782

From: Laura T. Smith **Date:** 3/14/2012

Re: **Pages:** 3 total including this one

CC:

For Review Please Comment Please Reply Please Recycle

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Please confirm receipt of all pages by emailing lsphysics@att.net:

- 1- A copy page 2 and 3 of the NRC form 313 A for Dr. L Devireddy.
- 2- In addition, I included the signed letter from Dr. Koneru, MD stating his confirmation of training.

I think that should be all you need, if for some reason I accidently left something off – please just let me know. I kept copies of everything.

Thank you
Laura
lsphysics@att.net



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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	Cardian Health - Las Vegas Cardiovascular Consultants of Nevada and Devireddy, MD #21-32388-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1/30/10-2/24/10 and 2/28/10 - 6/1/2011
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	Cardian Health - Las Vegas Cardiovascular Consultants of Nevada and Devireddy, MD #21-32388-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1/30/10-2/24/10 and 2/28/10 - 6/1/2011
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	Cardian Health - Las Vegas Cardiovascular Consultants of Nevada and Devireddy, MD #21-32388-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1/30/10-2/24/10 and 2/28/10 - 6/1/2011
Administering dosages of radioactive drugs to patients or human research subjects	Cardian Health - Las Vegas Cardiovascular Consultants of Nevada and Devireddy, MD #21-32388-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1/30/10-2/24/10 and 2/28/10 - 6/1/2011
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	Cardian Health - Las Vegas Cardiovascular Consultants of Nevada and Devireddy, MD #21-32388-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1/30/10-2/24/10 and 2/28/10 - 6/1/2011

Supervising Individual
Srinivas Komara

License/Permit Number listing supervising individual as an authorized user
21-32388-01

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)

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	St. John Hospital & Medical Center 22101 Moross Street Detroit, MI 48236 #21-03210-01	25	1/30/10 - 2/24/10
Radiation protection	St. John Hospital & Medical Center 22101 Moross Street Detroit, MI 48236 #21-03210-01	25	1/30/10 - 2/24/10
Mathematics pertaining to the use and measurement of radioactivity	St. John Hospital & Medical Center 22101 Moross Street Detroit, MI 48236 #21-03210-01	10	1/30/10 - 2/24/10
Chemistry of byproduct material for medical use (not required for 35.590)	St. John Hospital & Medical Center 22101 Moross Street Detroit, MI 48236 #21-03210-01	10	1/30/10 - 2/24/10
Radiation biology	St. John Hospital & Medical Center 22101 Moross Street Detroit, MI 48236 #21-03210-01	10	1/30/10 - 2/24/10

Total Hours of Training: 80

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: 780	
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	Cardian Health - Las Vegas Cardiovascular Consultants of Nevada and Deviredy, MD #21-32388-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1/30/10-2/24/10 and 2/28/10 - 6/1/2011
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	Cardian Health - Las Vegas Cardiovascular Consultants of Nevada and Deviredy, MD #21-32388-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1/30/10-2/24/10 and 2/28/10 - 6/1/2011

LINGAREDDY DEVIREDDY, M.D., P.C.

MACOMB MEDICAL BUILDING
11900 EAST 12 MILE RD., SUITE #103
WARREN, MICHIGAN 48093
TELEPHONE: (586) 574-0890
FAX: (586) 574-9321

LINGAREDDY DEVIREDDY, M.D., F.A.C.C.
DIPLOMATE, AMERICAN BOARD OF INTERVENTIONAL CARDIOLOGY
MEDICAL DIRECTOR, CARDIOVASCULAR SERVICES, ST. JOHN MACOMB HOSPITAL

LINGAREDDY DEVIREDDY, M.D., F.A.C.C.
SRINIVAS KONERU, M.D.

December 6, 2011

USNRC REGION 3
2443 Warrenville Rd, #210
Lisle, Illinois 60532-4351

RE: Experience of Dr. Lingareddy Devireddy, MD, PC

I confirm Dr. Lingareddy Devireddy, MD has over 700 hours of experience working with me in Nuclear Materials at our facility license # 21-32388-01. This training and experience is in basic radionuclide handling techniques and radiation safety applicable to the medical use of unsealed byproduct material for imaging and localization studies as described in 10 CFR 35.290.

If you have any questions please contact our physicist Laura Smith 313 609 2038.

Sincerely,



Srinivas Koneru, MD

Forster, Sara

From: Laura T. Smith- Physics [lsphysics@att.net]
Sent: Wednesday, March 14, 2012 2:36 PM
To: Forster, Sara
Subject: Re: Lingareddy Devireddy, M.D., P.C., Lic. No. 21-32388-01, C/N 576653
Attachments: devereddy NRC 20122.JPG; devereddy NRC 2012.JPG; devereddy NRCpg23 20122.JPG; devereddy NRCpg23 2012.JPG

Ok, If I understand correctly, I have scanned in the information again along with a signed cover sheet from me, and I also included the letter from Dr. K, incase you did not get that either. Please confirm receipt.
=)

Laura Smith
pager 313 609-2038
I prefer email communications

From: "Forster, Sara" <Sara.Forster@nrc.gov>
To: Laura T. Smith- Physics <lsphysics@att.net>
Sent: Tue, March 13, 2012 8:43:54 AM
Subject: RE: Lingareddy Devireddy, M.D., P.C., Lic. No. 21-32388-01, C/N 576653

Hi Laura –

Message received. Could you please resend the information, and include a signed cover sheet? Since you are the designated contact person, the cover sheet may be signed by you. It also may be signed by the licensee's RSO or other management.

Thank you,
Sara Forster
Sara.forster@nrc.gov

From: Laura T. Smith- Physics [mailto:lsphysics@att.net]
Sent: Tuesday, March 13, 2012 7:00 AM
To: Forster, Sara
Subject: Re: Lingareddy Devireddy, M.D., P.C., Lic. No. 21-32388-01, C/N 576653

I am sorry for the missing information (just what you need in your day to find missing paperwork on top of everything else). I believe this should correct the issue, if you could please confirm receipt, and if there is anything else you need.

Laura Smith
pager 313 609-2038
I prefer email communications

From: "Forster, Sara" <Sara.Forster@nrc.gov>
To: Laura T. Smith- Physics <lsphysics@att.net>
Sent: Thu, March 8, 2012 6:07:08 PM
Subject: Lingareddy Devireddy, M.D., P.C., Lic. No. 21-32388-01, C/N 576653

Hi Laura:

Lingareddy Devireddy, M.D., P.C., Lic. No. 21-32388-01 has requested to add Lingareddy Devireddy, M.D., as an Authorized User (AU). The licensee has indicated that you are the contact person for this amendment request.

In support of the application, the licensee submitted pages 1 and 4 of an NRC Form 313A (AUD). The middle two pages – Pages 2 and 3 – are missing in the materials I have received. The details under Item 3, Training and Experience for the Proposed Authorized User, are needed in order to consider Dr. Devireddy for approval as an AU.

Please contact me regarding the referenced amendment request. We cannot continue the review without additional information confirming that Dr. Devireddy's Training and Experience meets the requirements outlined in 10 CFR 35.290(c)(1). You may send any additional documentation to our facsimile, (630) 515-1078, or attached to an email as a pdf file. My email address is sara.forster@nrc.gov. Additional documentation should include a signed and dated cover sheet.

Thanks in advance,

Sara A. B. Forster, Health Physicist Licensing Reviewer
U.S. Nuclear Regulatory Commission - Region III
Division of Nuclar Materials Safety
2443 Warrenville Rd. - Ste. 210
Lisle, IL 60532-4352
sara.forster@nrc.gov
Direct: (630) 829-9892

