



16001 West Nine Mile Road  
Southfield, MI 48075

November 5, 2012

UNITES STATES NUCLEAR REGULATORY COMMISSION  
Region III, Materials Licensing Section  
2443 Warrenville Road, Suite 210  
Lisle, IL 60532-4352

Re: Amendment to License No. 21-02802-03

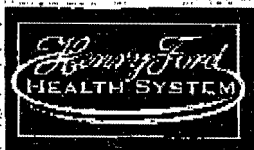
1. Please add Xia Wang, MD as an authorized user for 35.100, 35.200 and 35.300. Dr. Wang was an Authorized User at Henry Ford Hospital and Medical Center. Since this is a broad scope license, a copy of her approval is enclosed for your review.

Thank you for your cooperation with this matter. If you have any question please contact our physicist, Michelle Kritzman, at (734) 662-3197 or by email at [mkritzman@mpcphysics.com](mailto:mkritzman@mpcphysics.com)

Sincerely,

A handwritten signature in black ink, appearing to read 'Lou Paschall'.

Administrator  
Providence Hospital  
Southfield, Michigan



DEPARTMENT OF RADIOLOGY  
*Henry Ford Hospital & Medical Centers*

**Radiation Safety Office**

February 5, 2010

Henry Ford Hospital  
2799 West Grand Blvd.  
Detroit, Michigan 48202-2689  
(313) 916-7042 Office  
(313) 916-7329 Fax

To whom it may concern,

Xia Wang, MD was approved on June 4, 2007 as a Nuclear Medicine Authorized User by the Radiation Safety Committee (RSC) under the Henry Ford Hospital broad scope license, NRC License No. 21-04109-18. In particular, Dr. Wang was approved for a wide variety of the human use applications including 10 CFR 35.100 (Uptake, Dilution, and Excretion), 35.200 uses (Imaging and Localization), and 35.300 uses (Standard nuclear medicine therapy). She did not obtain approval in 10 CFR 35.1000 uses (emerging technology) such as microsphere brachytherapy.

Please contact me by phone at (313) 916-2739 or via e-mail at [AlanJ@rad.hfh.edu](mailto:AlanJ@rad.hfh.edu) if you have any questions.

Sincerely,

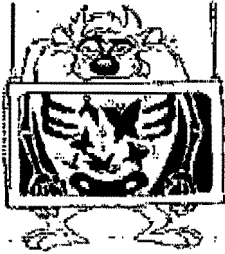
A handwritten signature in dark ink, appearing to read "Alan M. Jackson", written in a cursive style.

Alan M. Jackson, MS, CHP, Senior Health Physicist  
Secretary, Radiation Safety Committee

Xia Wang AU NM.doc

**F A X**

**PROVIDENCE HOSPITAL  
DIAGNOSTIC IMAGING DEPT.**  
16001 W. NINE MILE RD  
SOUTHFIELD, MI 48075



To: *Material Licensing*  
Fax number: *630-515-1078*

From: *La Bischoff*  
Fax number: *248-849-5395*

Date: *11/6/2012*

Regarding: *Amendment to License*

Phone number for follow-up:

*248-849-3372*

*-02-*  
*248-849-3422*

**Comments:**

*Thank Ya!*

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