



UNITED STATES  
NUCLEAR REGULATORY COMMISSION  
REGION III  
2443 WARRENVILLE ROAD, SUITE 210  
LISLE, IL 60532-4352

July 11, 2013

Hamid Sattar, M.D.  
Hamid Sattar MD PC  
6050 Greenfield Road  
Suite 101  
Dearborn, MI 48126

Dear Dr. Sattar:

We have reviewed your application request. Before we can take further action, we will need additional information.

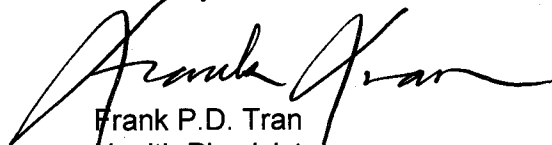
- 1) Please specify the type of your mobile medical service ("in-van use" or "transport and use") you intend to use.
- 2) Please provide a diagram of the van with descriptions (e.g., camera room, injection room, licensed material storage, and waste storage) and scale.
- 3) Please specify the location of the van when not in use. Please note that public rights-of-way is not considered part of the address.
- 4) Please confirm that you will neither use PET isotopes at your facility located at 6050 Greenfield Road, Dearborn, Michigan, nor in the mobile medical service.
- 5) Please confirm that you will develop, implement and maintain emergency, transportation and waste management procedures that associated with the use of the mobile medical service as recommended in NUREG-1556, Vol. 9, Rev. 2, Appendix V.
- 6) Please provide a copy of the diagram of the facility located at 6050 Greenfield Road, Dearborn, Michigan, with descriptions and scale.
- 7) Please resubmit the request to use mobile medical service with a proper signature from the applicant or his designee (please provide a copy of the delegation of authority memo, if applicable)

NUREG-1556, Volume 9, Rev. 2 dated January 2008 provides the program specific guidance about medical use licenses. NUREG-1556, Volume 9 is available on the NRC website at <http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/v9/r2/>.

To continue review of your request, we request that you submit your response to this letter by July 25, 2013. Your response must be **dated** and **signed** by authorized personnel and referred to Control Number 580866. If you have any questions or require clarification on any of the information stated above, please do not hesitate to contact me at 630-829-9623 or [frank.tran@nrc.gov](mailto:frank.tran@nrc.gov).

In accordance with Title 10 Code of Federal Regulations 2.390 of the NRC's "Rules of Practice," a copy of this letter will be available electronically for public inspection in the NRC Public Document Room or from the NRC's Agencywide Documents Access and Management System (ADAMS), accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html>.

Sincerely,

A handwritten signature in black ink, appearing to read "Frank P.D. Tran". The signature is fluid and cursive, with a long horizontal stroke at the end.

Frank P.D. Tran  
Health Physicist  
Materials Licensing Branch

Note: You could fax the response to 630-515-1078 or scan and email to [frank.tran@nrc.gov](mailto:frank.tran@nrc.gov).

TRANSMISSION VERIFICATION REPORT

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2443 Warrenville Road, Suite 210  
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TELEFAX TRANSMITTAL

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NUMBER OF PAGES:  
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SEND TO: Dr. Hamid Sattar

LOCATION: Hamid Sattar MD P.C.

FAX NUMBER: 313 -945 - 7500  VERIFY BY CALLING SENDER

FROM:  
(SENDER) Frank Tran

TELEPHONE NUMBER: 630 -829 -9623 FAX NUMBER: 630 -515 -1078

If you do not receive the complete fax transmittal, please contact the sender as soon as possible at the telephone number provided above.

MESSAGE

*Request for additional information. Please see attached.*