

CONVERSATION RECORD
(time) (date)

TIME | DATE
8/29/14

VISIT

F CONFERENCE

TELEPHONE X

F INCOMING

X OUTGOING

NAME OF PERSON(S) CONTACTED OR IN CONTACT
Jim Schweitzer, RSO

ORGANIZATION (OFFICE, DEPT. ETC.)
Purdue University

TELEPHONE NO.
765-494-2350

SUBJECT

C/N 584333 – additional information re: Dr. Song-Chu Ko, who will be the licensed authorized user for the human research project involving the Cd-109 device.

SUMMARY

Please submit the following information:

1. Confirm that Dr. Ko is intended to be the licensed authorized user, and that he will be responsible for supervision of the use of the device for the human research project.
2. Provide a copy of his ABR certification in Therapeutic Radiology.
3. Submit evidence that Dr. Ko has been working in therapeutic radiology in the last 7 years, or identify an NRC or Agreement State license that lists him as an authorized user for the medical use of byproduct material.
4. Describe training that Dr. Ko obtained in the use of the device, or make a commitment that he will receive the required training before procedures are implemented.
5. Submit a description of the training that individuals who will use the device under Dr. Ko's supervision will receive.
6. Confirm that you will comply with 10 CFR 35.6 "Provisions for the protection of human research subjects."

ACTION REQUIRED

Submit a response to the above by Friday, September 5, 2014.

NAME OF PERSON DOCUMENTING CONVERSATION

Kevin Null

SIGNATURE



DATE

8/29/14

ACTION TAKEN

SIGNATURE

TITLE

DATE