May 16, 2016

LICENSING ASSISTANT TEAM  
DIVISION OF NUCLEAR MATERIALS SAFETY  
U.S. NUCLEAR REGULATORY COMMISSION, REGION I  
2100 RENAISSANCE BOULEVARD, SUITE 100  
KING OF PRUSSIA, PA 19406-2713

AMENDMENTS TO LICENSE NUMBER 52-01946-07

Please amend the NRC license number 52-01946-07 of the University of Puerto Rico, Medical Sciences Campus as follows:

Amendment # 1:

Change the physical address on Item # 10 of the material license:

Licensed material may be used or stored at the licensee’s facilities located at:

1. Medical Sciences Campus of the University of Puerto Rico, Dr. Guillermo Arbona Building, Puerto Rico Medical Center, Río Piedras, Puerto Rico.

2. Institute of Neurobiology of the UPR, MSC, Boulevard del Valle 201, San Juan, Puerto Rico.

3. Nuclear Medicine Laboratory of the UPR, MSC, 4th Floor, Dr. Isaac González Martínez Hospital, Puerto Rico Medical Center, Río Piedras, Puerto Rico.

4. Nuclear Medicine Laboratory of the UPR, MSC, 1st Floor, Dr. Federico Trilla Hospital (Carolina), Ave. 65 de Infantería, Km. 8, Hm. 3, Carolina, Puerto Rico.

5. Radiation Safety Office of the UPR, MSC, 1st Floor, Cancer Comprehensive Center Building, Puerto Rico Medical Center, Río Piedras, Puerto Rico.
Amendment # 2:

Include the clinical use of Xofigo (radium, Ra 223 dichloride) injections with a maximum authorized possession limit of 50 mCi to our license for medical use.

Amendment # 3:

Please change the name of Dr. Rafael Rodríguez Mercado for that of Dr. Noel J. Aymat-Santana, DMD, FAAPD, JD, in our license. Dr. Aymat-Santana is the current Chancellor and Institutional Official of the University of Puerto Rico, Medical Sciences Campus.

Thank you very much for your attention to this matter. If you should require further information, do not hesitate to contact me at (787) 758-2525 extension 1708, Dr. Annabell C. Segarra, Chair of the Radiation Safety Committee, extension 1965 or Mr. Jossian J. PaganA, RSO, extension 1687 and 1688.

Sincerely,

Noel J. Aymat-Santana, DMD, FAAPD, JD
Chancellor
Medical Sciences Campus, University of Puerto Rico
APPLICATION FOR MATERIALS LICENSE

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW. *AMENDMENTS/RENEWALS THAT INCREASE THE SCOPE OF THE EXISTING LICENSE TO A NEW OR HIGHER FEE CATEGORY WILL REQUIRE A FEE.

APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

MATERIALS SAFETY LICENSING BRANCH
DIVISION OF MATERIAL SAFETY, STATE, TRIBAL AND RULEMAKING PROGRAMS
OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:

IF YOU ARE LOCATED IN:

I. NAME AND MAILING ADDRESS OF APPLICANT
Noel J. Aymat Santana, DMD, FAAPD, JD
University of Puerto Rico, Medical Sciences Campus
P.O. Box 365067
San Juan, PR 00936-5067

2. NAME AND MAILING ADDRESS OF APPLICANT (Include ZIP code)

3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

1. Dr. Guillermo Arbona Bldg, UPR, MSC, Med Ct, Rio Piedras PR
2. Inst. Neurobio, UPR, MSC, Blvd del Valle 201, San Juan, PR
3. Nuc Med, 4th Floor, Dr. Isaac Gonzalez Hosp, Rio Piedras, PR
4. Nuc Med, 1st Floor, Dr. Federico Trilla, Carolina, PR
5. Rad Safety, UPR, MSC, 1st Floor, Cancer Ctr, Rio Piedras, PR

SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

5. RADIOACTIVE MATERIAL
   a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.

6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE.

8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.

9. FACILITIES AND EQUIPMENT.

10. RADIATION SAFETY PROGRAM.

11. WASTE MANAGEMENT.

12. LICENSE FEES (Fees required only for new applications, with few exceptions)
   (See 10 CFR 170 and Section 790.31)

   FEE CATEGORY  AMOUNT ENCLOSED $

13. CERTIFICATION. (Must be completed by applicant) "THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT. THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 37, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF. WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1968 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

CERTIFYING OFFICER – TYPED/PRINTED NAME AND TITLE
Noel J. Aymat Santana, DMD, FAAPD, JD, Chancellor, UPR, MSC

SIGNATURE

For NRC use only:

NRC FORM 313 (09-2016)
**ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE**

<table>
<thead>
<tr>
<th>Name and Address of Applicant and/or Licensee</th>
<th>Date</th>
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<tbody>
<tr>
<td>University of Puerto Rico Medical Science Campus</td>
<td>June 6, 2016</td>
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<tr>
<td>ATTN: Rafael R. Mercado, M.D.</td>
<td></td>
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<td>P. O. Box 365067</td>
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<tr>
<td>Chancellor's Office</td>
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<td>San Juan, PR 00936-5067</td>
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<tr>
<th>License Number(s)</th>
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<tr>
<td>52-01946-07</td>
<td>591033</td>
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This is to acknowledge receipt of your: ✓ Letter and/or □ Application Dated: 05/16/2016

The initial processing, which included an administrative review, has been performed.

✓ Amendment □ Termination □ New License □ Renewal

✓ There were no administrative omissions identified during our initial review.

□ This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.

□ Your application for a new NRC license did not include your taxpayer identification number. Please complete and submit NRC Form 531, Request for Taxpayer Identification Number, located at the following link: [http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf](http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf)

Follow the instructions on the form for submission.

□ The following administrative omissions have been identified:

Your application has been assigned the above listed MAIL CONTROL NUMBER. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

Region I
U. S. Nuclear Regulatory Commission
Division of Nuclear Materials Safety
2100 Renaissance Boulevard, Suite 100
King of Prussia, PA 19406-2713
(610) 337-5260, (610) 337-5313,
(610) 337-5398, or (610) 337-5239