



**UNITED STATES  
NUCLEAR REGULATORY COMMISSION**

REGION III  
2443 WARRENVILLE RD. SUITE 210  
LISLE, IL 60532-4352

May 13, 2016

Elias Kassab, M.D.  
Chief Executive Officer  
Dearborn Cardiology  
5250 Auto Club Dr.  
Ste. 310  
Dearborn, MI 48126

Dear Dr. Kassab:

In the application dated March 25, 2016, you requested a new license including to list Laura M. Luna as the named Radiation Safety Officer (RSO). Based on NRC records, Ms. Luna is already listed as RSO at one or more Agreement State or NRC Radioactive Materials licenses, including NRC License No. 21-32228-02, noted in your application. You also provided an NRC Form 313A (AUD) form signed in 2012 by Florence Prigent, M.D., as a trainer and preceptor for proposed Authorized User (AU) Ashok Kondur, M.D. Finally, the facility diagram lacks adequate details to clarify areas where radioactive materials will be used or stored under the license. To adequately consider this request, the NRC will require additional specific information for review.

First, we are concerned that Ms. Luna may not have sufficient time and availability to oversee the radiation safety programs at your facility, if she becomes the RSO at your facility. Second, we are unable to confirm that Dr. Prigent is an authorized trainer and preceptor. Third, the submitted diagram lacks details such as sinks, freezers, and waste. Accordingly, please provide the following information to ensure the safe operation at your licensed facility.

**RADIATION SAFETY OFFICER (RSO):**

1. Please describe the estimated amount of time each week that Ms. Luna will spend at your facilities located in Dearborn, Michigan, to adequately perform her duties as the RSO.
2. Please describe the mechanisms for alerting Ms. Luna in case of emergency involving radioactive materials at your facilities when she is not present.
3. Please specify the amount of time it will take Ms. Luna to respond to an emergency involving radioactive materials at your facilities when she is not present.
4. Please describe any previous commitments Ms. Luna has as the RSO and/or authorized user at other facilities. Include a list of all radioactive materials licenses on which she is listed as the RSO. Please describe the impact Ms. Luna's previous commitments will have on her duties as the RSO at your facilities. If there will be no adverse impact, please state so, and why.

**AUTHORIZED USER (AU):**

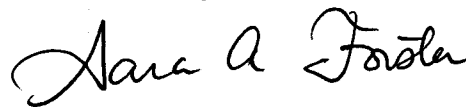
5. Please provide a letter, permit or other document from Harper University Hospital, NRC Lic. No. 21-04127-02, confirming that Florence Prigent, M.D. was an AU there, for 10 CFR 35.100 and 35.200 uses, from at least July 1, 2009 – June 18, 2012. Any such letter or permit should be signed by either Harper's RSO or RSC Chairperson.
6. Please clarify whether Dr. Kondur's 80 hours of 10 CFR 35.290(c)(1)(i) classroom and laboratory training was provided at Harper University Hospital or by Medical Physics Consultants, Inc. For training provided by MPC, please provide the training format, instructor name & qualifications, and dates on which training was completed.
7. In the alternative to information requested in Items 6 and 7 above, please provide a preceptor attestation confirming that Dr. Kondur has satisfactorily completed the requirements of 10 CFR 35.290(a)(1) – [CBNC Bd. Cert.] and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

**FACILITY DIAGRAM:**

8. Please resubmit a diagram of the requested location of use, drawn to the scale of 8 ½ by 11 inches. The diagram should show details for the nuclear medicine suite, including locations of any sinks, waste areas, and exhaust hoods. The hot lab should be clearly indicated on the diagram, and be free of superfluous architectural markings, unrelated to radioactive materials use concerns.

Please provide a written response to this letter by May 27, 2016. Your response should be dated and signed by authorized personnel. You may submit your response via facsimile to my attention at (630) 515-1078. Include the reference control number 590716 with your response. We will resume our review once we receive your response. If you have any questions, please do not hesitate to contact me at 630-829-9892 or [sara.forster@nrc.gov](mailto:sara.forster@nrc.gov).

Sincerely,



Sara A. Forster, M.S.  
Health Physicist  
Materials Licensing Branch

## Forster, Sara

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**From:** Forster, Sara  
**Sent:** Friday, May 13, 2016 10:03 AM  
**To:** 'lluna@mpcphysics.com'; 'taralafair@gmail.com'  
**Subject:** Additional Information Request re New License Application for Dearborn Cardiology, CN590716  
**Attachments:** 02201.590716.21-35304-01 Dearborn Cardiology RFAI telecon.docx

Dear Dr. Kassab, Ms. LaFlair and/or Ms. Luna:

Please see the attached file for additional information needed to complete the review of the recent new license application concerning the above referenced applicant. Note that the attached letter requests additional information on or before close of business on May 27, 2016. Note that the additional information must be submitted via a dated letter signed by Dr. Kassab or other duly authorized management official. Additional guidance may be found in NUREG 1556, Vol. 9, Rev. 2, "Program Program-Specific Guidance About Medical Use Licenses;" which may be found at:

<http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/v9/r2/>

Submission of your response as a pdf file attached to an email or via facsimile will allow for the quickest processing. Do not hesitate to call me with any questions you may have. Please also send a quick email when you receive this message, to confirm receipt.

Sincerely yours,

**Sara A. Forster, Health Physicist Licensing Reviewer**  
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