

From: [Lanzisera, Penny](#)
To: [Mirel Palamaru](#)
Subject: Amendment request for medical use
Date: Wednesday, August 31, 2016 4:56:00 PM

Licensee: Centro Comprensivo de Cancer de la UPR
License No. 52-35242-02
Docket No. 03038890
Mail Control 591474

In order to complete our review of your medical use request, please provide the following additional information:

1. The attendees at the vendor training did not initial each session. Please confirm that all physicians, yourself, and the RSO attended all sessions. If not, please submit documentation showing which sessions each individual attended.
2. Your facility can be difficult to locate. Please describe how Fedex will be able to locate your HDR vault at CCUPR for deliveries.
3. Please provide contact information for Dr. Clavell – phone number, fax number, and email address. In addition, please clarify if Dr. Clavell will also be the billing contact or if Mr. Davila will continue in this capacity.

In addition, a request to the vendor has been made to confirm the treatment planning software training provided since several items were marked not applicable. We will advise you if we need further information with respect to this training.

Thank you for your assistance. You may submit the additional information to my attention either via a signed pdf letter to my email or via fax to 610-337-5269. Please respond within 30 days or we shall consider that you no longer require the change to your license and void your request. Sincerely,

Penny Lanzisera
Senior Health Physicist
US NRC, Region I