



CONVERSATION RECORD

DATE OF SIGNATURE

6/22/2017

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

Patrick Byrne

DATE OF CONTACT

04/27/2017

TYPE OF CONVERSATION

☐ E-MAIL☒ TELEPHONE☐ INCOMING☐ OUTGOING

E-MAIL ADDRESS

pbyrne@mpcphysics.com

TELEPHONE NUMBER

(877) 317-5811

ORGANIZATION

Center for Diagnostic Imaging

DOCKET NUMBER(S)

030-035142

LICENSE NUMBER(S)

13-32194-01

CONTROL NUMBER(S)

594520

SUBJECT

Conversation Record- Request for Additional Information

SUMMARY

Reviewer requested additional information on 4/27/17, 5/5/17 and 6/12/17 as noted below:

- 1) copy of the State of Florida license no. 3846-1 to verify 10CFR 35.100 and 35.200 authorization for Dr. Sarangi
- 2) copy of the State of North Carolina license no. 034-0158-1 to verify preceptor authorization for 10CFR 35.394 material
- 3) oral I-131 clinical case experience as required in 10 CFR 35.394.
- 4) Recentness of training experience.

The requested information was provided (ML17118A048, ML17153A061, ML17107A194).

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ACTION REQUIRED (IF ANY)

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NAME OF PERSON DOCUMENTING CONVERSATION

Magdalena R. Gryglak

SIGNATURE