



CONVERSATION RECORD

NAME OF PERSON(S)/TITLE CONTACTED OR IN CONTACT WITH YOU Tracy King, Physics Consultant	DATE OF CONTACT 02/07/2019	TYPE OF CONVERSATION <input type="checkbox"/> E-MAIL <input checked="" type="checkbox"/> TELEPHONE <input type="checkbox"/> INCOMING <input checked="" type="checkbox"/> OUTGOING
E-MAIL ADDRESS tking@mpcphysics.com	TELEPHONE NUMBER 734-662-3197	
ORGANIZATION Covenant Medical Center, Inc.	DOCKET NUMBER(S) 030-02012	
LICENSE NAME AND NUMBER(S) Covenant Medical Center, Inc., License no. 21-01492-02	MAIL CONTROL NUMBER(S) 610782	
SUBJECT Additional information required		
SUMMARY AND ACTION REQUIRED (IF ANY) On 2/7/19, M. Gryglak and T. King discussed the following information needed in support of the licensee's request dated 12/13/18: 1. Please revise the request to authorize Dr. Michael Warren for 10 CFR 35.300 material limited to the oral administration of sodium iodide I-131. 2. Please provide Dr. Warren's American Board of Radiology Certificate. 3. Please provide a required commitment, "Termination of Treatment Due to Stasis": "If the administration was terminated because of stasis, then the total dose or activity to the treatment site is the value of the total dose or activity administered when stasis occurred and the administration was terminated. The record should be prepared within 24 hours after the completion or termination of the administration and must include the name of the individual who determined the administered dose or activity, the date, and the signature of an AU for Y-90 microspheres." 4. Provide a letter/s attesting to Dr. Warren's training in diagnostic radiology and interventional radiology. Please see the attached Yttrium-90 Microsphere Brachytherapy Sources and Devices Theraspere and SIR-Spheres Licensing Guide, Revision 9, Section A.3.i.b, page 3 and 4:		
NAME OF PERSON DOCUMENTING CONVERSATION MAUREEN R. GRYGLAK		
SIGNATURE 	DATE OF SIGNATURE 2/7/19	

CONVERSATION RECORD (continued)

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MAIL CONTROL NUMBER(S)

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SUMMARY AND ACTION REQUIRED (IF ANY) (Continued)

Michael W. Warren M.D. received three years supervised clinical experience in diagnostic radiology (month/year-month year at Location) and one additional year of supervised clinical experience in interventional radiology (month/year-month year at Location).

The training included 80 hours of classroom and laboratory training for byproduct material, including Y-90 microspheres, in

- a. Radiation physics and instrumentation;
- b. Radiation protection;
- c. Mathematics pertaining to the use and measurement of radioactivity;
- d. Radiation biology.

5. Letter from RSO, J. Campbell (NRC license no. 21-01333-01, Beaumont Hospital, Royal Oak) attesting that Michael Savin, M.D. is an AU for Y-90 TheraSpheres on License no. 21-01333-01 (the AUs on this license are named by a Radiation Safety Committee and are not listed on this license).

Please transmit the requested information in a signed and dated letter by Jackie Tinnin, Covenant Health Care, by February 26, 2019. You may email the information as a pdf. document to Magdalena.Gryglak@nrc.gov.