

**From:** [Lanzisera, Penny](#)  
**To:** [Mike \(wmlairmore@optonline.net\)](mailto:wmlairmore@optonline.net)  
**Subject:** Delaware Cardiology, LLC  
**Date:** Wednesday, October 09, 2019 11:17:00 AM

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Licensee: Delaware Cardiology, LLC  
License No. 07-30527-01  
Docket No. 03035166  
Mail Control No. 612504

Mr. Lairmore, to complete our review of the renewal request submitted for the above referenced licensee, please provide the following additional information:

1. Please provide a public phone number and email for Dr. Davis or another management contact at the facility.
2. The current mailing address includes Stoney Batter II Building. Please confirm if this should be included in the address.
3. Please clarify the title for Dr. Davis. For instance, Dr. Davis signed a prior request as the Administrative Representative and this renewal as the Owner. Please submit documentation showing that Dr. Davis is the owner or the management representative. Otherwise, please submit a letter signed by senior management indicating that they have reviewed the application dated May 29, 2019, and concur with the statements, therein.
4. Please confirm whether PET radionuclides will be used, and if so, please describe the facilities and specialized equipment used. Please include a description of shielding and provide shielding calculations for all PET quiet rooms and scan rooms.
5. With regard to your procedures submitted for dose calibrators tests to be performed in accordance with 10 CFR 35.60, please confirm that tests will be repeated if the dose calibrator is moved, when the move may affect the calibration. In addition, the geometry test indicates that the test will approximate a point source, but does not describe the geometries that will be tested. Please confirm that all geometries used will be tested, which may include 3 cc and 5 cc syringes, and 10 ml vials.
6. Please note that Regulatory Guide 10.8 has been replaced with NUREG-1556, Volume 9. The unit and multidose dosage records should be maintained in accordance with the recordkeeping requirements in 10 CFR Part 35.
7. With regard to your facility description, please confirm that syringe shields and tongs will be available for use by staff to minimize occupational exposures.

You may provide the additional information either via signed pdf sent to my email or via fax to 610-337-5269. Please reference Mail Control No 612504 in your reply. Thank you for your assistance,

Penny Lanzisera  
Senior Health Physicist  
U.S. NRC, Region I