# Yale Environmental Health & Safety

135 College Street, Suite 100 New Haven, Connecticut 06510-2411

> Telephone: 203 785-3550 Fax: 203 785-7588

ax: 203 /85-/588 www.yale.edu/ehs

RECRG 1 09 30 \*19 #10923

September 3, 2019

Licensing Assistance Team Division of Nuclear Materials Safety USNRC Region 1 2100 Renaissance Blvd, Suite 100 King of Prussia, PA 19406-2713

03038332

Subject: Amendment to Update Authorized Users - Yale University License # 06-00183-07

Dear Licensing Assistance Team,

Please accept this letter and attachments as a request to add Dr. Darko Pucar as an Authorized User under 10 CFR 35.100 and 10 CFR 35.200 to Yale University License # 06-00183-07. Dr. Pucar has already been identified as an Authorized User for these same uses on Yale New Haven Hospital's Medical Use license # 06-00819-03, as documented in the attached letter.

As part of this amendment request, please also remove Dr. Anton Shapoval and Dr. Raymond Russell as Authorized Users on this same Yale University License # 06-00183-07.

If you have any questions regarding this matter or need any further information, please feel free to contact me at (203) 737-2140. Thank you for your assistance.

Sincerely,

Tammy Stemen, CHP Radiation Safety Officer

Yale University

tammy.stemen@yale.edu

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#### NRC FORM 313

U.S. NUCLEAR REGULATORY COMMISSION

(08-2019) 10 CFR 30, 32, 33, 34, 35, 36, 37, 39, and 40



## APPLICATION FOR MATERIALS LICENSE

APPROVED BY OMB: NO. 3150-0120

EXPIRES: 08/31/2019

Estimated burden per response to comply with this mandatory collection request: 4.3 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Information Services Branch (T-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocollects. Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

INSTRUCTIONS: SEE THE CURRENT VOLUMES OF THE NUREG-1556 TECHNICAL REPORT SERIES ("CONSOLIDATED GUIDANCE ABOUT MATERIALS LICENSES") FOR DETAILED INSTRUCTIONS FOR COMPLETING THIS FORM: <a href="http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/">http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/</a>. SEND TWO COPIES OF THE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

#### APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

MATERIALS SAFETY LICENSING BRANCH DIVISION OF MATERIAL SAFETY, STATE, TRIBAL AND RULEMAKING PROGRAMS OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555-0001

#### ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:

#### IF YOU ARE LOCATED IN:

ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA,

#### SEND APPLICATIONS TO:

LICENSING ASSISTANCE TEAM
DIVISION OF NUCLEAR MATERIALS SAFETY
U.S. NUCLEAR REGULATORY COMMISSION, REGION I
2100 RENAISSANCE BOULEVARD, SUITE 100
KING OF PRUSSIA, PA 19406-2713

#### IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:

MATERIALS LICENSING BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION III 2443 WARRENVILLE ROAD, SUITE 210 LISLE, IL 60532-4352

#### IF YOU ARE LOCATED IN:

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING,

#### SEND APPLICATIONS TO:

NUCLEAR MATERIALS LICENSING BRANCH U.S. NUCLEAR REGULATORY COMMISSION, REGION IV 1600 E. LAMAR BOULEVARD ARLINGTON. TX. 76011-4511

EAR REGULATOR	Y COMMISSION ONLY IF THEY W	SH TO POSSES	S AND USE LICENSED MATERIAL		
		(Include zip cod	e)		
Yale University					
Environmental Health and Safety 135 College St. First Floor Suite 100					
New Haven, CT 06510					
		T THIS APPLICA	TION		
		BLISINESS OF	LUI AR TELEPHONE NUMBER		
	BUSINESS E-MAIL ADDRESS				
tammy.ste	tammy.stemen@yale.edu				
SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVID					
RADIOACTIVE MATERIAL  a. Element and mass number; b. chemical and/or physical form; and c. maximum amount  7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING					
<ol> <li>INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE.</li> </ol>					
	9. FACILITIES AND EQUIPMENT.				
11. WASTE MA	NAGEMENT.				
igher fee category	FEE CATEGORY will require a fee.	EX	AMOUNT \$ 0.00		
PER THE DEBT COLLECTION IMPROVEMENT ACT OF 1996 (PUBLIC LAW 104-134), YOU ARE REQUIRED TO PROVIDE YOUR TAXPAYER IDENTIFICATION NUMBER. PROVIDE THIS INFORMATION BY COMPLETING NRC FORM 531: https://www.nrc.gov/reading-mi/doc-collections/forms/nrc531info.html					
13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.					
THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 37, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF. WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.					
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FOR NRC USE ONLY					
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	2. NAME AND IYAIR UNIVERSITY OF PARTIES AND IYAIR AND IYAIRA AND IYAIR AND I	2. NAME AND MAILING ADDRESS OF APPLICANT Yale University Environmental Health and Safet 135 College St. First Floor Suite New Haven, CT 06510  4. NAME OF PERSON TO BE CONTACTED ABOUT TAMMY Stemen BUSINESS TELEPHONE NUMBER 203 737 2140  BUSINESS E-MAIL ADDRESS tammy.stemen@yale.edu  MATION TO BE PROVIDED IS DESCRIBED IN THE LIFE OF PROVIDED IN THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT 35, 36, 37, 39, AND 40, AND THAT ALL INFORMATION IN THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT 35, 36, 37, 39, AND 40, AND THAT ALL INFORMATION IN THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT 35, 36, 37, 39, AND 40, AND THAT ALL INFORMATION IN THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT 35, 36, 37, 39, AND 40, AND THAT ALL INFORMATION IN THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT 35, 36, 37, 39, AND 40, AND THAT ALL INFORMATION IN THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT 35, 36, 37, 39, AND 40, AND THAT ALL INFORMATION IN THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT 35, 36, 37, 39, AND 40, AND THAT ALL INFORMATION IN THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT 35, 36, 37, 39, AND 40, AND THAT ALL INFORMATION IN THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT 35, 36, 37, 39, AND 40, AND THAT ALL INFORMATION IN THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT 35, 36, 37, 39, AND 40, AND THAT ALL INFORMATION IN THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT 35, 36, 37, 39, AND 40, AND THAT ALL INFORMATION IN THE APPLICANT.	Environmental Health and Safety  135 College St. First Floor Suite 100  New Haven, CT 06510  4. Name of Person to be contacted about this application of Person o		

Yale NewHaven Health Yale New Haven Hospital

March 18, 2019

To whom it may concern,

The purpose of this letter is to certify that Darko Pucar, M.D., Ph.D. is listed as an Authorized User (AU) by the Yale-New Haven Hospital (YNHH), Radiation Safety Committee, under NRC license 06-00819-03. YNHH is an NRC broad scope, human use licensee.

He is authorized for uptake, dilution and excretion studies (35.100), imaging and localization studies (35.200) and for all radiopharmaceutical therapies requiring a written directive (35.300, 35.390, 35.392 & 35.396) uses

If there are any questions concerning Dr. Pucar's training and experience, with regard to radionuclide licensing, please feel free to contact the YNHH Radiation Safety Office at (203) 688–2950.

Sincerely,

Michael J. Bohan

YNHH Radiation Safety Officer

Miled Bokan

Radiation Safety Office Radiological Physics 20 York St. – WWW 229 New Haven, CT 06510 Phone: (203) 688-2950

Phone: Fax:

(203) 688-4135

RadiationSafetyGroup@ynhh.org

NRC FORM 532 (05-2016)



### **ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE**

**************************************	of the state of th			
Name and Addres	ss of Applicant and/or Licensee	Date		
Tammy Stemen, CHP	October 11, 2019			
	License Number(s)			
Radiaiton Safety Officer		06-00183-07		
	Yale University	Mail Control Number(s)		
Environmental Health & Safety 135 College Street First Floor, Suite 100 New Haven, Connecticut 06510-2411	616125			
	Licensing and/or Technical Reviewer or Branch			
	Medical Branch			
This is to acknow	rledge receipt of your: 🗸 Letter ar	nd/or Application Dated: 09/03/2019		
The initial process	sing, which included an administrativ	e review, has been performed.		
✓ Amendment	Termination	New License Renewal		
✓ There were no administrative omissions identified during our initial review.				
This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.				
	Form 531, Request for Taxpayer Ident	clude your taxpayer identification number. Please ification Number, located at the following link:		
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Send the cor  The following  Your application has action, please reference that the technic other requests), may	Form 531, Request for Taxpayer Ident  http://www.nrc.gov/reading-rm/ mpleted NRC Form 531, by facsimile, to g administrative omissions have been as been assigned the above listed MAIL Co to this control number. Your application cal review, which is normally completed to	ification Number, located at the following link: //doc-collections/forms/nrc531.pdf to the following number: (301) 415-5387  in identified:  CONTROL NUMBER. When calling to inquire about this has been forwarded to a technical reviewer. Please within 180 days for a renewal application (90 days for all additional information. If you have any questions		