

VOID SHEET

TO: License Fee Management Branch

FROM: Bob Hatton

SUBJECT: VOIDED APPLICATION

Control Number: 89911

Applicant: Michigan Cardiology Assoc, P.C.

Date Voided: 9-10-90

Reason for Void: No response in allotted period of time

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Robert D. Hatton 9-10-90  
Signature Date

Attachment:  
Official Record Copy of  
Voided Action

FOR LFMB USE ONLY

Final Review of VOID Completed:

- Refund Authorized and processed
- No Refund Due
- Fee Exempt or Fee Not Required

add'l info

ML30.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Log completed   
Processed by: CP

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM  
AND  
REGIONAL LICENSING SECTIONS

: (FOR LFMS USE)  
: INFORMATION FROM LTS  
: -----

: PROGRAM CODE: 02120  
: STATUS CODE: 0  
: FEE CATEGORY: 7C  
: EXP. DATE: 19910731  
: FEE COMMENTS:  
: .....

LICENSE FEE TRANSMITTAL

1. REGION

1. APPLICATION ATTACHED  
APPLICANT/LICENSEE: MICHIGAN CARDIOLOGY ASSOC. P.C.  
RECEIVED DATE: 900725  
DOCKET NO: 3017927  
CONTROL NO.: 389911  
LICENSE NO.: 21-20071-01  
ACTION TYPE: AMENDMENT

2. FEE ATTACHED  
AMOUNT: -----  
CHECK NO.: 9-----

3. COMMENTS  
*Add'l info to CN 20955*

SIGNED P. Lett  
DATE 7-27-90

8. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED )

1. FEE CATEGORY AND AMOUNT: ----- REC-3 **ALL NOT REQUIRED**

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:  
AMENDMENT -----  
RENEWAL -----  
LICENSE -----

3. OTHER -----  
-----

SIGNED CP  
DATE 8/1/90

7

SEP 11 1990

Michigan Cardiology Associates, P.C.  
ATTN: M.G. Naini, M.D.  
33020 Palmer Road  
Westland, MI 48184

Subject: Abandonment Of Your Request For Amendment Dated July 3, 1990.

Gentlemen:

This refers to your request for amendment dated July 3, 1990 and my phone conversation with Dr. Naini on August 8, 1990 in which I requested additional information and notified you that unless a response was received in 30 days we would void your request.

We have not received a response to date.

You are hereby notified that we consider that you have abandoned your application and we have voided the request. This action is without prejudice to resubmission.

If you resubmit the same request within one year of the date of this letter, we will reactivate our review. Information submitted in response to this letter should refer to Voided Control Number 89911.

Sincerely,

Original Signed By  
Robert G. Gattone, Jr.  
Materials Licensing Section

RIII  
BG  
Gattone/mc  
9/10/90

RECEIVED  
SEP 13 P2:30  
U.S. AIR FORCE  
MATERIALS LICENSING SECTION

# CONVERSATION RECORD

TIME 12:45 DATE 8-8-90

TYPE  VISIT  CONFERENCE  TELEPHONE  
 INCOMING  OUTGOING

ROUTING	
NAME/SYMBOL	INT

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU: Dr. Naini  
 ORGANIZATION (Office, dept., bureau, etc.): Orick Land Assoc P.C.  
 TELEPHONE NO.: 313 729-6700

SUBJECT C/N 89911

**SUMMARY**

*Need to submit doc. of experience & radiation pursuant to 10 CFR 35.920 (b)(2), Supplement A Item 5, with list of duties and who supervised the doctor.*

*Response < 30 days  
 Refer to CN 89911*

**ACTION REQUIRED**

NAME OF PERSON DOCUMENTING CONVERSATION: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**ACTION TAKEN**

SIGNATURE: Robert D. Gattner Jr. TITLE: Reviewer DATE: 8-8-90

MICHIGAN CARDIOLOGY ASSOCIATES, P.C.

33020 PALMER ROAD  
WESTLAND, MICHIGAN 48185  
(313) 729-6700

CARDIOLOGY & INTERNAL MEDICINE  
CARDIAC DIAGNOSTIC CENTER

MANSOOR G. NAINI, M.D.  
CHANDRAKANT H. PUJARA, M.D.

July 3, 1990

Nuclear Regulatory Commission  
of the United States  
Region III - 799 Roosevelt Road  
Glenn Ellyn, Illinois 60137

TO WHOM IT MAY CONCERN

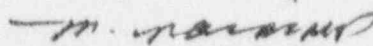
Dear Sir:

Enclosed please find the pertinent information you have requested.

Please let me know if any further additional information is desired at this time.

Thanking you,

Sincerely,



M. G. Naini, M.D., FACC FACP FACCP

MGN:cmb

RECEIVED

'90 JUL 30 P2:38

U.S. N  
NRC

*July 4 1990*

**FEE NOT REQUIRED**  
*Order 20955*

RECEIVED

JUL 25 1990

REGION III

CONTROL NO.

89911

JUL 25 1990

EXHIBIT 2  
SUPPLEMENT A

SUPPLEMENT		U.S. NUCLEAR REGULATORY COMMISSION		
TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER				
1. NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER Mansoor Naini, M.D.		2. FOR PHYSICIANS, STATE OR TERRITORY WHERE LICENSED Michigan		
3. CERTIFICATION				
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C		
Cardiovascular Disease *American Board of Cardiology Internal Medicine *American Board of Int' Med		November 1985  June 1977		
4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES				
FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING		
		CLOCK HOURS IN LECTURE OR LABORATORY	CLOCK HOURS OF SUPERVISED ON-THE-JOB EXPERIENCE	
	1985 through 1989			
a. RADIATION PHYSICS AND INSTRUMENTATION	Sinai Hospital of Detroit 6767 West Outer Drive Detroit, Michigan 48235	100		
b. RADIATION PROTECTION	Sinai Hospital (same as above)	30		
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	Sinai Hospital (same as above)	20		
d. RADIATION BIOLOGY	Sinai Hospital (same as above)	20		
e. RADIOPHARMACEUTICAL CHEMISTRY	Sinai Hospital (same as above)	30		
5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	mCi USED AT ONE TIME	LOCATION	CLOCK HOURS	TYPE OF USE
Tl-201 Tc-99m				

EXHIBIT 3  
SUPPLEMENT B

SUPPLEMENT		U. S. NUCLEAR REGULATORY COMMISSION	
PRECEPTOR STATEMENT			
Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.			
1. PROPOSED PHYSICIAN USER'S NAME AND ADDRESS		KEY TO COLUMN C	
FULL NAME		PERSONAL PARTICIPATION SHOULD CONSIST OF:	
Mansoor G. Naini, M.D.		1-Supervised examination of patients to determine the suitability for radionuclide diagnosis and/or treatment and recommendation for prescribed dosage.	
STREET ADDRESS		2-Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data.	
33020 Palmer Road		3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.	
CITY	STATE	ZIP CODE	
Westland	Mich.	48185	
2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN			
ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS <i>(Additional information or comments may be submitted in duplicate on separate sheets.)</i> D
	Thyroid scan		
	Thyroid uptake		
	Lung perfusion scan		
	Xenon ventilation study		
	Aerosol ventilation scan		
	Renal flow scan		
	Brain scan		
	Liver/spleen scan		
	Bone scan		
	Gastroesophageal study		
	LeYeen shunt study		
	Cystogram		
	Dacryocystogram		
	Cardiac perfusion scan.		
	Cardiac stress ventriculogram		
Cardiac rest ventriculogram			
Gallium scan			

EXHIBIT 3 (Continued)

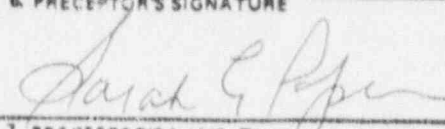
PROPOSED PHYSICIAN USER Mansoor G. Naini, M.D.			
PRECEPTOR STATEMENT (Continued)			
2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)			
ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
P-32 <i>(Diphos)</i>	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
P-32 <i>(Calcitriol)</i>	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMAS		
	TREATMENT OF HYPERTHYROIDISM		
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
	TELE THERAPY TREATMENT		
Co-60 or Cs-137	TELE THERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mn-55/ Tc-99m	GENERATOR		
Sr-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS		
Other			
3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING			
LOCATION		DATES	CLOCK HOURS OF EXPERIENCE
Sinai Hospital of Detroit 6767 West Outer Drive Detroit, Michigan 48235		1984-1989	200 hours
4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:			
a. NAME OF SUPERVISOR Sarah G. Pope, M.D.		5. PRECEPTOR'S SIGNATURE 	
b. NAME OF INSTITUTION Sinai Hospital of Detroit		7. PRECEPTOR'S NAME (Please type or print) Sarah G. Pope, M.D.	
c. MAILING ADDRESS 6767 West Outer Drive		Robert L. Ruskin, M.D.	
d. CITY Detroit, Michigan 48235		8. DATE 07/16/90	
6. STATE HEALTH LICENSE NUMBER(S) 21-00299-04			



EXHIBIT 2  
SUPPLEMENT A

SUPPLEMENT		U.S. NUCLEAR REGULATORY COMMISSION		
TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER				
1. NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER Mansoor Naini, M.D.			2. FOR PHYSICIANS, STATE OR TERRITORY WHERE LICENSED Michigan	
3. CERTIFICATION				
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C		
Cardiovascular Disease *American Board of Cardiology Internal Medicine *American Board of Int' Med		November 1985  June 1977		
4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES				
FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING		
		CLOCK HOURS IN LECTURE OR LABORATORY	CLOCK HOURS OF SUPERVISED ON-THE-JOB EXPERIENCE	
	1985 through 1989			
a. RADIATION PHYSICS AND INSTRUMENTATION		100		
b. RADIATION PROTECTION		30		
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY		20		
d. RADIATION BIOLOGY		20		
e. RADIOPHARMACEUTICAL CHEMISTRY		30		
5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	mCi USED AT ONE TIME	LOCATION	CLOCK HOURS	TYPE OF USE
Tl-201 Tc-99m	2.5 mCi	33020 Palmer Road Westland, MI 48185	600	Thallium 201 stress test
	1 Tc04 Vial	33020 Palmer Road Westland, MI 48185	100	MUGA Scanning

EXHIBIT 3  
SUPPLEMENT B

SUPPLEMENT		U. S. NUCLEAR REGULATORY COMMISSION	
PRECEPTOR STATEMENT			
Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.			
<b>1. PROPOSED PHYSICIAN USER'S NAME AND ADDRESS</b> FULL NAME Mansoor G. Naini, M.D. STREET ADDRESS 33020 Palmer Road CITY   STATE   ZIP CODE Westland   Mich.   48185		<b>KEY TO COLUMN C</b> <b>PERSONAL PARTICIPATION SHOULD CONSIST OF:</b> 1-Supervised examination of patient, to determine the suitability for radiotope diagnosis and/or treatment and recommendation for prescribed dosage. 2-Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data. 3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.	
2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN			
ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS <i>(Additional information or comments may be submitted in duplicate on separate sheets.)</i> D
	Thyroid scan		
	Thyroid uptake		
	Lung perfusion scan		
	Xenon ventilation study		
	Aerosol ventilation scan		
	Renal flow scan		
	Brain scan		
	Liver/spleen scan		
	Bone scan		
	Gastroesophageal study		
	LeVeen shunt study		
	Cystogram		
	Dacryocystogram		
	Cardiac perfusion scan.		60
Cardiac stress ventriculogram		0	
Cardiac rest ventriculogram		10	
Gallium scan			

EXHIBIT 3 (Continued)

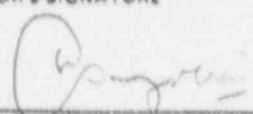
PROPOSED PHYSICIAN USER Mansoor G. Nairi, M.D.			
PRECEPTOR STATEMENT (Continued)			
2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)			
ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS <small>(Additional information or comment may be submitted in duplicate on separate sheet.)</small> D
P-32 <i>(Sativic)</i>	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
P-32 <i>(Cetoidel)</i>	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM		
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192 Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	TELE THERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR		
Bm-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS		
Other			
3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING			
LOCATION		DATES	CLOCK HOURS OF EXPERIENCE
33020 Palmer Road Westland, Michigan 48185		1984 - 1989	700 hours
4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:		5. PRECEPTOR'S SIGNATURE 	
a. NAME OF SUPERVISOR Chandrakant H. Pujara, M.D.		7. PRECEPTOR'S NAME (Please type or print) C. H. PUJARA, M.D.	
b. NAME OF INSTITUTION Michigan Cardiology Associates PC		8. DATE 07/16/90	
c. MAILING ADDRESS 33020 Palmer Road Westland, Michigan 48185			
e. PHYSICIAN LICENSE NUMBER(S) 21-20071-01			

EXHIBIT 2  
SUPPLEMENT A

SUPPLEMENT		U.S. NUCLEAR REGULATORY COMMISSION		
TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER				
1. NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER Manboor Naini, M.D.			2. FOR PHYSICIANS, STATE OR TERRITORY WHERE LICENSED Michigan	
3. CERTIFICATION				
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C		
Cardiovascular Disease *American Board of Cardiology Internal Medicine *American Board of Int' Med		November 1975  June 1977		
4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES				
FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING		
		CLOCK HOURS IN LECTURE OR LABORATORY	CLOCK HOURS OF SUPERVISED ON-THE-JOB EXPERIENCE	
	1965 through 1989			
a. RADIATION PHYSICS AND INSTRUMENTATION		100		
b. RADIATION PROTECTION		30		
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY		20		
d. RADIATION BIOLOGY		20		
e. RADIOPHARMACEUTICAL CHEMISTRY		30		
5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	mCi USED AT ONE TIME	LOCATION	CLOCK HOURS	TYPE OF USE
Tl-201 Tc-99m	2.5 mCi	33020 Palmer Road Westland, MI 48185	600	Thallium 201 stress test
	1 TcO4 Vial	33020 Palmer Road Westland, MI 48185	100	MUGA Scanning

EXHIBIT 3  
SUPPLEMENT B

SUPPLEMENT		U. S. NUCLEAR REGULATORY COMMISSION	
PRECEPTOR STATEMENT			
Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.			
<b>1. PROPOSED PHYSICIAN USER'S NAME AND ADDRESS</b> FULL NAME Mansoor G. Naini, M.D. STREET ADDRESS 33020 Palmer Road CITY STATE ZIP CODE Westland Mich. 48185		<b>KEY TO COLUMN C</b> <b>PERSONAL PARTICIPATION SHOULD CONSIST OF:</b> 1- Supervised examination of patients to determine the suitability for radiotope (diagnosis and/or treatment) and recommendation for prescribed dosage. 2- Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data. 3- Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.	
2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN			
ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS <i>(Additional information or comments may be submitted in duplicate on separate sheets.)</i> D
	Thyroid scan		
	Thyroid uptake		
	Lung perfusion scan		
	Xenon ventilation study		
	Aerosol ventilation scan		
	Renal flow scan		
	Brain scan		
	Liver/spleen scan		
	Bone scan		
	Gastroesophageal study		
	LeVeen shunt study		
	Cystogram		
	Decryocystogram		
	Cardiac perfusion scan.		60
	Cardiac stress ventriculogram		0
Cardiac rest ventriculogram		10	
Gallium scan			

EXHIBIT 3 (Continued)

PROPOSED PHYSICIAN USER  
 Mansoor G. Naini, M.D.

PRECEPTOR STATEMENT (Continued)

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
F-32 (Solutar)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
F-32 (Ceiba-dal)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM		
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
	TELE THERAPY TREATMENT		
Cs-137 or Co-60	TELE THERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR		
Sr-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS		
Other			

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

LOCATION	DATES	CLOCK HOURS OF EXPERIENCE
33929 Palmer Road Westland, Michigan 48185	1984-1989	700 hours

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:

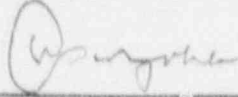
a. NAME OF SUPERVISOR  
 Chandrakant H. Pujara, M.D.

b. NAME OF INSTITUTION  
 Michigan Cardiology Associates PC

c. MAILING ADDRESS  
 33020 Palmer Road

d. CITY  
 Westland, Michigan 48185

e. STATE/PROV. LICENSE NUMBER(S)  
 21-20071-01

6. PRECEPTOR'S SIGNATURE  


7. PRECEPTOR'S NAME (Please type or print)  
 C. H. PUJARA, M.D.

8. DATE  
 07/16/90