

## **Gryglak, Magdalena**

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**From:** Gryglak, Magdalena  
**Sent:** Tuesday, January 14, 2020 11:01 AM  
**To:** White, Matt  
**Subject:** Request to authorize Dr. Waller as an AU for Y-90, NRC License no. 24-15159-01, SSM Health St. Joseph Hospital-St. Charles

Good morning Mr. White,

I have reviewed the licensee's letter dated 1/6/2020 requesting to authorize Dr. Waller as an Authorized User for the use of Yttrium 90 in the intravascular brachytherapy device.

Please provide a signed (by vendor, authorized AU or AMP) and dated letter attesting that NAME (state name of trainer) trained Dr. Waller in device operation, safety procedures, and clinical use for the use of Yttrium-90 in the Best Vascular, Inc. Beta-Cath IVB System on DATE.

You may submit the letter to me directly via email.

Please let me know if you have any questions.

Thank you

Magdalena R. Gryglak  
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U.S. NRC Region III  
630-829-9875