

VOID SHEET

TO: License Fee Management Branch
FROM: RTIL
SUBJECT: VOIDED APPLICATION

Control Number: 9002.3
Applicant: Medig Imag. Assoc
Date Voided: 12/18/90
Reason for Void: _____

no resp to def.

Dm Schuster 12/18/90
Signature Date
REC-31 NOV 21 1990

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

Comments: _____

Log completed
Processed by: [Signature]

ML30
1/1

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM
AND
REGIONAL LICENSING SECTIONS

(FOR LFMS USED)
INFORMATION FROM LTS

PROGRAM CODE: 02220
STATUS CODE: 0
FEE CATEGORY: 7C
EXP. DATE: 19950630
FEE COMMENTS: PLACE OF USE MD

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

APPLICANT/LICENSEE: MEDIQ IMAGING SERVICES, INC.
RECEIVED DATE: 900810
DOCKET NO: 3018665
CONTROL NO.: 390023
LICENSE NO.: 15-24485-01
ACTION TYPE: AMENDMENT

2. FEE ATTACHED

AMOUNT: \$230.00
CHECK NO.: 1121
8/1/90

3. COMMENTS

SIGNED
DATE

P. Little
8-14-90

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

1. FEE CATEGORY AND AMOUNT:

7C \$340

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:

AMENDMENT ✓
RENEWAL
LICENSE

3. OTHER

SIGNED
DATE

CP 9/18/90

Free

RECEIVED
90 AUG 18 P5:20
US ARMY
INFIRMARY

DEC 27 1990

Mediq Imaging Services, Inc.
ATTN: Audrey Wegst, Ph.D.
7101 College Boulevard
Overland Park, KS 66210

SUBJECT: ABANDONMENT OF YOUR REQUEST FOR AN AMENDMENT DATED AUGUST 10, 1990

Gentlemen:

This refers to your request for an amendment dated August 10, 1990 and our letter dated October 12, 1990 in which we 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 90023.

Sincerely,

Original Signed By
Patricia M. Vacherlon
Materials Licensing Section

Enclosure: Ltr dtd October 12, 1990

RIII

Vacherlon/mc
12/ /90

OCT 12 1990

Mediq Imaging Services, Inc.
ATTN: Audrey Wegst, Ph.D.
7101 College Blvd.
Overland Park, KS 66210

Gentlemen:

We have reviewed your August 10, 1990, request for an amendment to add Dr. Devkota to your license as an authorized user and find that we will need additional information as follow:

1. Supplement A should contain the dates of training in box 4.
2. ALL the isotopes Dr. Devkota has used should be listed in box 5.
3. Supplement B should include any experience with the preparation of reagent kits as well as the generators which are listed.
4. State the number of clock hours of experience rather than just stating "three months of nuclear medicine training". This must have been equivalent to 500 hours. Also state the dates of this training.

We will continue our review of your application upon receipt of this information. Please reply in duplicate, within 30 days, and refer to Control Number 90023.

If you have any questions or require clarification on any of the information stated above, you may contact us at (708) 790-5625.

Sincerely,

Original Signed By
Patricia M. Vacherlon
Materials Licensing Section

RILL

Vacherlon/mc

10/12/90



diagnostic
technology
consultants
incorporated

September 10, 1990

Nuclear Regulatory Commission
ATTN: Cheryl Phillips
License Fee and Debt Collection
Branch, OC/DAF
Mail Stop MNBB 4503
Washington, DC 20555

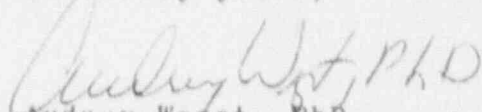
Dear Ms. Phillips:

In reference to CONTROL NUMBER 390023, an additional fee of \$110 is enclosed to cover the cost of the license amendment.

Please instruct Region III to continue to process the amendment to license number 15-24485-01.

Thank you.

Sincerely yours,

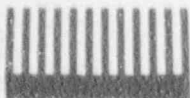

Audrey Wegst, PhD
Radiation Safety Officer
Mediq Imaging Services

4747 troost
kansas city
missouri
usa 64110

(816) 753-2985

fax:
(816) 756-1530

specialists
in medical
physics



SEP 5 1990

Mediq Imaging Services, Inc.
ATTN: Audrey Wegst, Ph.D.
4747 Troost
Kansas City, MO 64110

Gentlemen:

This refers to your letter dated July 30, 1990, for an amendment to Materials License 15-24485-01.

We received your check for \$230. Your request, however, is subject to an amendment fee of \$340 as specified in fee Category 7C of \$170.31, 10 CFR 170, which went into effect July 2, 1990. A copy of the May 23, 1990, Federal Register notice regarding the revision to the Commission's fee regulations is enclosed. Payment of the additional \$110 fee should be made to the U.S. Nuclear Regulatory Commission and mailed to the following address:

U.S. Nuclear Regulatory Commission
ATTN: Cheryl Phillips
License Fee and Debt Collection
Branch, OC/DAF
Mail Stop MNBB 4503
Washington, DC 20555

Your application will be processed by the Region III Licensing staff located at 799 Roosevelt Road, Glen Ellyn, Illinois 60137. The fee, however, is required prior to issuance of the amendment. When submitting the additional fee, please refer to CONTROL NUMBER 390023.

If we do not receive a reply from you within 30 calendar days from the date of this letter, we shall assume that you do not wish to pursue your application and will void this action.

Sincerely,

(Signed) Maurice Messier

Maurice Messier
License Fee and Debt Collection Branch
Division of Accounting and Finance
Office of the Controller

Enclosure:
May 23, 1990 Federal Register notice

cc: Region III

DISTRIBUTION:
Pending Fee File OC/DAF R/F
LFDCB R/F (2) DW/RIII/MEDIQ

OFFICE: OC/LFDCB
SURNAME: CPhillips:bg
DATE: 8/3/90

OC/LFDCB
MMessier
8/3/90

OC/LFDCB
GJackson
8/5/90



diagnostic
technology
consultants
incorporated

July 30, 1990

Nuclear Regulatory Commission
799 Roosevelt Road
Glen Ellyn, Illinois 60137
Att. Materials Licensing Section

Dear Sirs:

Please amend the By-product Materials License no. 15-24485-01 of Mediq Imaging Services, Inc. to add Jagadishwar Devkota, M.D. as an authorized user for material in 10 CFR 35.100 and 35.200 (excluding xenon-133). Forms documenting his training, Supplement A and B, are enclosed.

Enclosed is a check for \$230.

If you have any questions, please call me at 816-753-2985.

Sincerely yours,

Audrey Wegst, PhD

Audrey Wegst, PhD

cc Ed Couch, Operations Manager

4747 troost
kansas city
missouri
usa 64110

(816) 753-2985

fax:
(816) 756-1530

specialists
in medical
physics



90 AUG 18 P5:20

RECEIVED

Log	any 11
Remitter	
Check No.	1521
Am	230
Pay to the order of	Mediq
Date	9/18/90
Authorized Signature	<i>[Signature]</i>

RECEIVED
AUG 10 1990
REGION III

AUG 10 1990

CONTROL NO.

90023

**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 <i>JAGADISHWAR DEVKOTA M.D.</i>		2. FOR PHYSICIANS, STATE OR TERRITORY WHERE LICENSED <i>Missouri</i>		
3. CERTIFICATION				
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C		
<i>Diagnostic Radiology</i>		<i>Board eligible 6/1985</i>		
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	
a. RADIATION PHYSICS AND INSTRUMENTATION	<i>St Vincent medical New York N.Y. 10310</i>	<i>200</i>	<i>200</i>	
b. RADIATION PROTECTION	<i>"</i>	<i>200</i>	<i>200</i>	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	<i>"</i>	<i>200</i>	<i>200</i>	
d. RADIATION BIOLOGY	<i>"</i>	<i>"</i>	<i>"</i>	
e. RADIOPHARMACEUTICAL CHEMISTRY				
5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	mCi USED AT ONE TIME	LOCATION	CLOCK HOURS	TYPE OF USE
<i>^{99m}Tc</i>	<i>25 mCi</i>	<i>St. Vincent Medical</i>	<i>200</i>	<i>Imaging</i>

**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 FULL NAME JAGADISHWAR DEVKOTA M.D. STREET ADDRESS 3212 SHORESIDE DR. CITY STATE ZIP CODE COLUMBIA MO 65203		KEY TO COLUMN C PERSONAL PARTICIPATION SHOULD CONSIST OF: 1-Supervised examination of patients to determine the suitability for radioisotope 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 <small>A</small>	CONDITIONS DIAGNOSED OR TREATED <small>B</small>	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION <small>C</small>	COMMENTS <small>(Additional information or comments may be submitted in duplicate on separate sheets.) <small>D</small></small>
X	Thyroid scan	200	
	Thyroid uptake	150	
	Lung perfusion scan	300	
	Xenon ventilation study	300	
	Aerosol ventilation scan	300	
	Renal flow scan	150	
	Brain scan	250	
	Liver/spleen scan	300	
	Bone scan	250	
	Gastroesophageal study	50	
	LeVeen shunt study		
	Cystogram		
	Dacryocystogram		
	Cardiac perfusion scan.	50	
	Cardiac stress ventriculogram	50	
	Cardiac rest ventriculogram	50	
	Gallium scan	250	

EXHIBIT 3 (Continued)

PROPOSED PHYSICIAN USER

JAGADISHWAR DEVKOTA 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 sheet.) D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
P-32 (Colloidal)	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		
	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	100	
Sn-113/ In-113m	GENERATOR	-	
Tc-99m	REAGENT KITS	-	
Other			

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

LOCATION: *Staten Island, N.Y.*
Staten Island Medical Ctr.
Staten Island, N.Y. 10310
 DATES: *10/10/87*
 CLOCK HOURS OF EXPERIENCE: *Three months nuclear medicine training program completed.*

4. THE WASC NO EXPERIENCE INDICATED ABOVE UNDER THE SUPERVISION OF:

A. NAME OF SUPERVISOR

O. L. Manfredi M.D.

B. NAME OF INSTITUTION

St. Vincent's Med. Ctr.

C. MAILING ADDRESS

355 Broad Ave

D. CITY

Staten Island, N.Y. 10310

E. MATERIALS LICENSE NUMBER(S)

5. PRECEPTOR'S SIGNATURE

O. L. Manfredi M.D.

7. PRECEPTOR'S NAME (Please type or print)

O. L. MANFREDI M.D.

8. DATE

10/25/88