



March 16, 2020

Robert L Gallagher
Health Physicist
US NRC Region 1
2100 Renaissance Blvd.
King of Prussia, PA 19406

RE: Request for Additional Information (Mail Control No. 618075)

Dear Gallagher

This letter is in response to your email dated March 4, 2020 requesting additional information.

a. *Provide a complete description of the transaction (transfer of stocks or assets, or merger*

There is no change in ownership rather a “rebranding” occurred as we bring multiple previously owned entities together under one company name.

b. *Indicate whether the name has changed and include the new name. Include the name and telephone number of a licensee contact who NRC may contact if more information is needed.*

The name has changed from The Tomayko Group, LLC (TTG) to Cardiac Imaging Solutions, LLC. (CIS)

Please contact Donald Ashton at 412-481-7160 x 212 if additional information is required.

c. *Describe any changes in personnel or duties that relate to the licensed program. Include training and experience for any new personnel.*

There are no changes in personnel or duties that relate to the licensed program.

This includes our RSO, Mark Perna , authorized user physicians and nuclear medicine technologists.

d. *Describe any changes in the organization, location, facilities, equipment or procedures that relate to the licensed program.*

There are no changes to the organization , facilities, equipment or policies and procedures that relate to our nuclear medicine program.

e. Describe the status of the surveillance program (surveys, wipe tests, quality control) at the present time and the expected status at the time that control is to be transferred.

Surveillance program currently consists of :

1. The use of Ludlum survey meters for daily surveys in areas of use and storage.
2. Ludlum and Caprac Wipe test counters for package and area of use and storage contamination wipes.
3. Annual calibration of survey equipment with an operational check daily before use.
4. Well counter QC is checked annually by the Medical Physicist.

There will be no change to the above procedures after the name change.

f. Confirm that all records concerning the safe and effective decommissioning of the facility will be transferred to the transferee or to NRC, as appropriate. These records include documentation of surveys of ambient radiation levels and fixed and/or removable contamination, including methods and sensitivity.

I confirm that all records pertaining to this license will be maintained as required by regulation after the name change.

g. Confirm that the transferee will abide by all constraints, conditions, requirements and commitments of the transferor or that the transferee will submit a complete description of the proposed licensed program.

I confirm that with the licensee name change all license constraints, conditions, requirements and commitments will be kept.

h. If your license requires financial assurance for decommissioning, you will need to address changes to financial assurance for name changes and/or change in ownership (control). If your company's name is changing and there is no change of ownership, you will need to amend your financial assurance instruments and supporting documents to address the change in name. If there has been a change of ownership (control), the transferee must submit new financial assurance in accordance with Chapter 4 to Volume 3 of NUREG-1757, "Consolidated NMSS Decommissioning Guidance."

The above does not apply as our current license conditions do not permit materials in the amount which require financial assurance instruments.

If you need any more information please contact me at 412-427-9284
or email at ashtond@tomaykogroup.com
I am currently working from home due to Covid-19.

Sincerely,



Donald Ashton, CNMT
Director of Diagnostic Services
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Formerly,
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