

JAN 04 1988

Metropolitan Nephrologists, P.C.
ATTN: James E. Lawson, D.O.
4727 St. Antoine, Suite 101
Detroit, MI 48201

Gentlemen:

We have reviewed your application dated August 27, 1987, requesting a new license and find that we will need additional information as follows:

1. Please specify who will perform the servicing and maintenance of the bone densitometer involving the source holder and/or shutter mechanism. We recommend that such services be performed by the manufacturer or by other persons specifically authorized by the Nuclear Regulatory Commission or an Agreement State.
2. Please indicate that you will maintain a copy of the manufacturer's instructions regarding the use of the device on file at your institution.
3. With regard to transport and use of the bone densitometer at BMA of Livonia, Inc., please submit the following:
 - a. If the bone densitometer is transported along with the sources, describe the quality assurance checks that will be performed after transport to verify proper operation of the device prior to use.
 - b. Identification of the individuals who will transport the material, and the training they will receive. This training should, as a minimum, include all the items outlined in 10 CFR 19.12 and decontamination procedures in case of spills.
 - c. Safety measures to be used in transporting the radioactive materials in the applicants' vehicles (e.g., security against unauthorized removal, away from passenger compartment, lead shields, etc.).
 - d. Describe your procedures for ensuring that the device will be secured at all times (including transport); and confirm that the device will not be stored in a vehicle overnight.

If you have any questions or require clarification on any of the information stated above, you may contact us at (312) 790-5625.

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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 84153.

Sincerely,

Kathy J. Graden
Materials Licensing Section

RIII

KJG
Graden/crr
12-30-87

CONVERSATION RECORD

TIME

8:05 AM

DATE

2/26/88

TYPE

☐ VISIT☐ CONFERENCE☒ TELEPHONE☐ INCOMING☒ OUTGOING

ROUTING

NAME/SYMBOL

INT

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

ORGANIZATION (Office, dept., bureau, etc.)

TELEPHONE NO.

SUBJECT

SUMMARY

Contact licensee to inform them that we are voiding their request because we have received no response to deficiency letter sent on 1-4-88

(Bone mineral analyzer I-125 - now appl.)

I told applicant that you could resubmit + refer to C/No. 84/53 + def. letter. file will be kept for 1 yr.

ACTION REQUIRED

VOID.

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

ACTION TAKEN

SIGNATURE

TITLE

DATE