

From: Lester Tripp
Sent: February 14, 2012, 2:24 PM
To: Ms Wendy Charlton, Krueger-Gilbert Health Physics
Subject: RAI Cardiology Assoc. 08-23376-01 renewal application CN 576087

Request for Addition Information:	Renewal:	Cardiology Associates, LLC
	License No:	08-23376-01
	Docket No:	03020994
	Mail Control No:	576087

To: Wendy Charlton

This is in reference to your application dated September 15, 2011 requesting renewal of Nuclear Regulatory Commission License No. 08-23376-01. In order to continue our review, we need the following additional information:

1. Your current license does not include authorization for possession and use of radiopharmaceuticals permitted by 10 CFR 35.100. Your renewal application makes this request. Please confirm that you are requesting authorization for possession and use of 10 CFR 35.100 radiopharmaceuticals. In addition, please indicate which authorized users will use this material.
2. Your current license specifies John W. Ross, M.D. as an authorized user. Your renewal application requests James W. Ross, M.D. to be included as an authorized user. Please confirm that the correct name is James W. Ross, M.D.
3. Your application indicates that wipe analysis will be performed using a Ludlum Model 3 survey meter with a sodium iodide probe. Please describe your wipe test procedures including your method of determining efficiency (e.g. LLD for Tc-99m) for your intended use, or provide the manufacturer and model number of an alternate instrument you will use to measure removable contamination.
4. Please confirm that you do not possess or use PET radiopharmaceuticals and that you will submit a description of specialized facilities and equipment if you add this use in the future.
5. In your renewal application, for both your K Street and Irving Street locations, you did not specify what areas are located around, above and below locations of use and storage of licensed material. Please identify areas contiguous with, above and below areas of use and storage of radioactive material.
6. In the diagram of your K Street facility, there seems to be a corridor running between the hot-lab/injection room, and the stress lab/camera room. Please describe access to, and security of the hot lab, and precautions you will take in transporting radiopharmaceuticals from the hot-lab to the injection room.

7. The occupational dose commitment in Item 10.1 of your application referenced a superseded document. Please confirm that you will provide dosimetry that meets the requirements listed under "Criteria" in NUREG-1556, Vol. 9, Rev. 2, dated January 2008.
8. Your license application should have been signed by senior management of either Cardiology Associates, LLC or your parent company, MedStar Health. Please request that senior management review the application dated September 15, 2011, and submit a letter signed by senior management indicating that they concur with the statements made in the application. In addition please note that senior management should sign all future correspondence that include licensee commitments, including the correspondence submitted in response to this letter.

Please note that your specific training program and RSO duties and responsibilities were not required to be submitted and were not reviewed.

You may fax your reply to my attention to (610) 337-5269. Please reference Mail Control Number 575538 in your response. Please call me at (610) 337-5358 if you have any questions.

Lester Tripp
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(610) 337-5358 (voice)
(610) 337-5269 (fax)

G: RAI Cardiology Assoc. 08-23376-01 renewal application CN 576087