BARNES JEWISH WEST COUNTY HOSPITAL

| FACSIMILE TRANSMITTAL SHEET | |
|--------------------------------------|--|
| TO: Dennis O'Dowd | FROM: John Chorzel |
| COMPANY: USNRC | DATE: 2/6/2012 |
| FAX NUMBER: 630-829-9782 | TOTAL NO. OF PAGES INCLUDING COVER: |
| PHONE NUMBER: | |
| Further info requested | |
| □ urgent □ for review | y □ please comment □ please reply □ please recycli |
| NOTES/COMMENTS: Dennis, | |
| Attached is some further information | nation regarding Control #576389. |
| Please call me if you have any f | urther questions: 314-809-7511 |

ashington University in St. Louis

Environmental Health and Safety

Radiation Safety Office

RADIOACTIVE MATERIALS AUTHORIZATION

McConathy 0960-01 NUC, Active-CoAuth Initial Approval 05/26/2010 Expires 05/26/2015 Nuclear Medicine Functional Co-Authorization

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To:

Dr. Jonathan McConathy, Authorized User No. 0960

RA-Radiology, Dept., Campus Box 8131

Radioactive Materials Authorization, Nuclear Medicine: 0960-01 NUC, Active-CoAuth

Amendment No. 0

From: Susan M. Langhorst, Ph.D., CHP

Radiation Safety Officer

Executive Secretary, Radiation Safety Committee

May 27, 2010

IUN 0 1 2010

The Radiation Safety Committee and the Primary Authorized User have approved your co-authorization under the Nuclear Medicine Functional Authorization for the specific medical uses listed below. Should you require procedural information or any other form of assistance, please contact David Luechtefeld at 362-3478 or lucchted@wusm.wustl.edu or the Nuclear Medicine Contact listed below.

The Primary Authorized User (Primary AU), identified below, is responsible for this functional authorization, including all regulatory and radiation safety provisions. The Primary AU must approve addition of any new Co-Authorized User to these functional authorizations. The Primary AU may accept or decline to accept any Co-Authorized User under the primary authorization with due cause related to safety compliance concerns.

PRIMARY AUTHORIZATION INFORMATION

Nuclear Medicine Functional Authorization

Primary AU:

Dr. Barry A. Siegel 362-2809

Campus Box 8223

siegelb@mir.wostl.edu

Primary Contact: Jan Brulo

747-1995

Campus Box 8223

jib7806@bjc.org

As Co-Authorized User, you are individually responsible as the Supervising Authorized User for every medical use radiopharmaceutical administration issued under your name. You are responsible to know the details of the functional authorization, issued in accordance with NRC License Number 24-00167-11. Specifically, you have the responsibility to: address any compliance issues identified by the Primary AU or Radiation Safety Staff; ensure all incidents are reported to the Primary AU and to the Radiation Safety Officer; and ensure all regulatory requirements

CO-AUTHORIZED MEDICAL USES

| Auth# | Approved Medical Use |
|----------------------------|--|
| 9021-01-100 9021-01-200 | Nuclear Medicine 10 CFR 35.100 medical uses Nuclear Medicine 10 CFR 35.200 medical uses |
| 9021-01-300 | Nuclear Medicine 10 CFR 35.300 mpdical uses |