

SARA A.B. FORSTER  
MATERIALS LICENSING BRANCH

TELECON & FAX TRANSMITTAL



NUCLEAR REGULATORY COMMISSION  
REGION III  
2443 WARRENVILLE ROAD  
LISLE, ILLINOIS 60532-4351  
(630) 829-9892 FAX: (630) 515-1078

TO: \_\_\_\_\_ File \_\_\_\_\_

COMPANY: \_\_\_\_\_ N/A, see below \_\_\_\_\_

# PAGES: \_\_\_\_\_ N/A \_\_\_\_\_ TEL.: \_\_\_\_\_ N/A \_\_\_\_\_

FAX #: \_\_\_\_\_ N/A \_\_\_\_\_

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**CONVERSATION RECORD**

	TIME	DATE
	2:00 pm	11/18/2011
NAME OF PERSON(S) CONTACTED	TELEPHONE NO.	ORGANIZATION
Ray Carlson, physicist	(734) 455-4730	Consultant
Michael Lala, M.D.	(248) 225-6909	Michael Lala, M.D., P.C., South Allen Radiology
REPRESENTED PERSON or PERSONS		ORGANIZATION
Michael Lala, M.D., Radiation Safety Officer		Michael Lala, M.D., P.C., South Allen Radiology
SUBJECT		
License No.: 21-24380-01		Control No.: 576195

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**SUMMARY**

We have conducted the review your license amendment request and find that we are unable to continue this action until we have received information regarding the following:

A facility diagram is required to add the requested location of use – 20331 Farmington Road, Livonia, Michigan – to your radioactive materials license. The diagram should be drawn to scale, with the scale indicated. Areas of radioactive materials use, storage & receipt should be clearly marked including sinks, waste areas, and exhaust hoods. The hot lab(s) should be clearly indicated on the diagram, and be free of superfluous architectural markings. As indicated in our phone conversation, please resubmit the facility diagrams for the new location of use. Include a description of any activities being conducted in the areas contiguous to the proposed radioactive materials use area(s). In addition, please indicate whether any PET isotopes are being used at the facility.

**RESPONSE:** Mr. Carlson indicated that no PET is used, and that an updated facility diagram would be submitted. The diagram was received on December 11, 2011, and included a note regarding a mailing address change. The mailing address change was directly confirmed by licensee on December 16, 2011. Mailing address & location of use changes will be added per request.

We have requested that you submit any additional information via facsimile, to (630) 515-1078. Please reference the Control No. 5764195, as listed at the top of this memo. No further information is required.

**For future reference, please always include the name, phone number and fax number of at least one person whom we may contact for additional information when reviewing your licensing correspondence and requests.**

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No further information is required at this time.  
Please direct any questions you have to me at (630) 829-9892 or sara.forster@nrc.gov.

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NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

Sara A.B. Forster

*Sara A.B. Forster* 12/20/2011