

**Pfeiffer, Nadine**

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**From:** Travis White <Travis.White@msj.org>  
**Sent:** Thursday, November 15, 2018 3:45 PM  
**To:** Rulescoordinator, Dhsr  
**Subject:** [External] Comments to Proposed 10A NCAC 15 .1106

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I have the following comment on the proposed changes 10A NCAC 15 .1106.

The new structure for specific medical (human use) licenses differentiates only by whether a written directive is required. This caveat captures diagnostic use of I-131 (20 – 100 microcuries), which some of our hospitals maintain on their licenses as an alternative means of performing thyroid uptake scans during I-123 radiopharmaceutical shortages. If those hospitals do not perform any therapies requiring written directives, they will either pay significantly more just to keep the diagnostic I-131 backup option on their licenses, or have to remove diagnostic I-131 from the licenses and be unable to provide those patient studies during I-123 shortages.

I would like to request that the agency consider realigning the cutoff between the two medical (human use) licenses to allow facilities to use diagnostic I-131 under the lower fee structure.

Thank you for your time and consideration.

Travis White

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Travis L. White, MS, DABR  
Medical Physicist / Radiation Safety Officer

Mission Health  
509 Biltmore Avenue  
Asheville, North Carolina 28801  
Phone: 828-213-1367  
e-mail: [travis.white@msj.org](mailto:travis.white@msj.org)

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