

WYETH LABORATORIES INC.



October 16, 1974

Mr. Douglas M. Collins
Materials Branch
Directorate of Licensing
U.S. Atomic Energy Commission
Washington, D.C. 20545

Dear Mr. Collins:

In reply to your letter of September 25, 1974, a list of isotope users at Wyeth Laboratories is attached. Users #1-12 are currently using I-125 (up to 2 mCi), whereas all others work only with C-14 (up to 5 mCi) and H-3 (up to 2 mCi). Other isotopes which are listed in our license (AEC #37-00401-03) are either used as standards in instruments or have not been used. I have also enclosed copies of each user's Radiation Training, Experience and Exposure History Form, which is used at Wyeth

Sincerely,

Samuel F. Sisenwine, Ph.D.
Corporate Radiation
Health Safety Officer

Enc:

Information in this record was deleted
in accordance with the Freedom of Information
Act, exemptions 6
FOIA- 2002-0034

C/1
**COPIES SENT TO
REGULATORY OPERATIONS**

5271

①

ISOTOPE USERS

- | | |
|-----------------------|-------------------|
| 1. C.W. Beattie | 13. H.B. Kimmel |
| 2. Ivars Jaunakis | 14. F.W. Janssen |
| 3. N. Buonato | 15. S. Gonzales |
| 4. D. McCurdy | 16. C. Kick |
| 5. Margaret B. Martin | 17. R. Schillings |
| 6. Joseph Bell | 17. M. Schwartz |
| 7. Ruth Gillis | 19. C. Tio |
| 8. C.D. Wise | 20. R. Meacham |
| 9. B. Tallardy | 21. A. Liu |
| 10. K. Koch | 22. M. Burka |
| 11. G. Cole | 23. J. Politowski |
| 12. J. Kassarich | 24. L.J. Lassen |
| | 25. M.G. Farrow |
| | 26. L. Wetzel |
| | 27. M. Leyner |
| | 28. F. Weener |
| | 29. R. Hartzell |
| | 30. D. Yang |
| | 31. L. Bauman |
| | 32. S. Savini |
| | 33. J. Weber |
| | 34. R. Tomarelli |
| | 35. J. Tracy |
| | 36. J. Broomhall |
| | 37. E. Fluck |
| | 38. C. Homon |
| | 39. E. Young |
| | 40. A. Faris |

1. Name Carol A. Barton Dep. No. 4371
2. Soc. Sec. No. [REDACTED] Date of Birth [REDACTED] Age [REDACTED]

Occupational Exposure - Previous History

3. Previous Employments Involving Radiation Exposure. List Name and Address of Employer.	4. Dates of Employment (From-To)	5. Periods of Exposure	6. Previous Whole Body (REM)	7. Dose Hist Insert Record or Calculate
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None

8. Type of Training	Where Trained	Duration of Training	Formal Course (give title)	On the Job (yes/no)
(A) Principles and Practices of Radiation Protection	Radnor High	2 hour	Radiation Safety Short Course Lecture	Yes
(B) Radioactivity Measurement, Monitoring Techniques and Instruments				
(C) Mathematics Basic to Use and Measurement of Radioactivity				
(D) Biological Effects of Radiation				

9. Experience: (Actual Use of Isotopes)

	Isotope	Amount (uCi)	Location	Duration	Use
(A)	[57]	30 uCi	Radnor	9 months	Dye for Radon assay
(B)	[57]		Radnor	Present	Drug tracer
(C)					
(D)					

10. I certify that the above information is correct and complete to the best of my knowledge and belief.

Date: 1/1/74

Signed: [Signature]

DO NOT WRITE BELOW THIS LINE

Calculations - Permissible Dose whole body:

- (A) Permissible Accumulated Dose = $5(N-10)$
(B) Total Exposure to Date (from Item 7)
(C) Permissible Dose

52719

1. Name JOHN J. FROMM Dept. No. 2135 EXL
2. Soc. Sec. No. [REDACTED] EXL Date of Birth [REDACTED] Age [REDACTED] EXL

Occupational Exposure - Previous History

3. Previous Employments Involving Radiation Exposure. List Name and Address of Employer.	4. Dates of Employment (From-To)	5. Periods of Exposure	6. Previous Whole Body (REM)	7. Dose Hist Insert Record or Calculate
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NONE

8. Type of Training	Where Trained	Duration of Training	Formal Course (give title)	On the Job (yes/no)
(A) Principles and Practices of Radiation Protection	WYETH-	2 HRS.	RADIATION SAFETY	
(B) Radioactivity Measurement, Monitoring Techniques and Instruments	"	"	"	
(C) Mathematics Basic to Use and Measurement of Radioactivity	"	"	"	
(D) Biological Effects of Radiation	"	"	"	

9. Experience: (Actual Use of Isotopes)

	Isotope	Amount (uCi)	Location	Duration	Use
(A)	[3H]	30 MC	RADNOR	9 MOS.	DIGON N RIA
(B)					
(C)					
(D)					

10. I certify that the above information is correct and complete to the best of my knowledge and belief.

Date: 10/7/74 Signed: John Fromm

Calculations - Permissible Dose Whole Body:	
(A) Permissible Accumulated Dose - 5000-10000	REM
(B) Total Exposure to Date (from 1 to 7)	REM
(C) Permissible Dose	REM

1. Name John F. S.

Dept. No. 35

4371
EX 6

2. Soc. Sec. No. [REDACTED]

Date of Birth: [REDACTED] Age: [REDACTED]

Occupational Exposure - Previous History

3. Previous Employments Involving Radiation Exposure. List Name and Address of Employer.	4. Dates of Employment (From-To)	5. Periods of Exposure	6. Previous Whole Body (REM)	7. Dose History: Insert Record or Calculated
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Bo was Research Inst
of University of Penna.
1944+ Lombard Sts
Philadelphia, Pa

9/6/65 - 10/7/65

9/65 to 12/65
working daily
with americium
K⁴⁰, Pb²¹⁴, H³

unknown

8. Type of Training	Where Trained	Duration of Training	Formal Course (give title)	On the Job (yes/no)
---------------------	---------------	----------------------	----------------------------	---------------------

(A) Principles and Practices of Radiation Protection

Part of instrumentation
course at
Carnegie College, Uthmaniyah, W. Va.

4 wk course
+ on-the-job

Instrumental
Analysis

yes

(B) Radioactivity Measurement, Monitoring Techniques and Instruments

Carnegie College

4 wk course
+ on-the-job

Instrumental
Analysis

yes

(C) Mathematics Basic to Use and Measurement of Radioactivity

University of Penna.

-

-

yes

(D) Biological Effects of Radiation

Pennsylvania College

2nd and 2nd semesters

Physics
Semester

no

9. Experience: (Actual Use of Isotopes)

	Isotope	Amount (uCi)	Location	Duration	Use
(A)	Pb ²¹⁴	200 uCi	Pennsylvania College	3 mos	Independent study project
(B)	Pb ²¹⁴	2	Univ. Penna.	4 mos	Total exchangeable & stable
(C)	Pb ²¹⁴	2	Univ. Penna.	4 mos	Total exchangeable & stable
(D)	Pb ²¹⁴	2	Univ. Penna.	4 mos	Total exchangeable & stable

10. I certify that the above information is correct and complete to the best of my knowledge and belief.

Date: 10/10/65

Signed: [Signature]

Calculations - Permissible Dose to the body:

(A) Permissible Accumulated Dose = 5(N-18)

(B) Total Exposure to D to (from Item 7)

(C) Permissible Dose

REM

REM

REM

REM

1. Name Eugene R. FLUCK EX. 6 Dept. No. 2135 EX. 6
 2. Soc. Sec. No. [REDACTED] Date of Birth: [REDACTED] Age: [REDACTED]

Occupational Exposure - Previous History

3. Previous Employments Involving Radiation Exposure. List Name and Address of Employer	4. Dates of Employment (From-To)	5. Periods of Exposure	6. Previous Whole Body (REM)	7. Dose Hist: Insert R card or calculate
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8. Type of Training	Where Trained	Duration of Training	Formal Course (give title)	On the Job (yes/no)
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(A) Principles and Practices
of Radiation Protection

(B) Radioactivity Measure-
ment, Monitoring Tech-
niques and Instruments

Penn. State Univ.

1 Semester
3 Semesters

Biochem. Methods
Thesis Research

(C) Mathematics Basic to
Use and Measurement
of Radioactivity

(D) Biological Effects
of Radiation

9. Experience: (Actual Use of Isotopes)

	Isotope	Amount (uCi)	Location	Duration	Use
(A)	<u>C¹⁴</u>	<u>~ 300 M Ci</u>	<u>Penn. State U.</u>	<u>2 Years</u>	<u>Study of cholesterol bios</u>
(B)	<u>P³²</u>	<u>~ 300 M Ci</u>	<u>"</u>	<u>1 Year</u>	<u>Lipid Metab. behav.</u>
(C)	<u>C¹⁴</u>	<u>~ 100 M Ci</u>	<u>WYCH. Labs</u>	<u>6 months</u>	<u>Glucose metabolism in Pit</u>
(D)	<u>C¹⁴</u>	<u>~ 200 M Ci</u>	<u>R.J. Reynolds Tob Co</u>	<u>1 Year</u>	<u>treated with WY 11,115</u> <u>Cholesterol biosynthesis</u>

10. I certify that the above information is correct and complete to the best of my knowledge and belief.

Date: 8/30/73

Signed:

Eugene R. Fluck

Calculations - Permissible Whole Body:

- (A) Permissible Accumulated Dose = 5 (N-13)
 (B) Total Exposure to date (from Item 9)
 (C) Permissible dose

REM

1. Name JACOB KASSARICH Dept. No. 2114
 2. Soc. Sec. No. [REDACTED] Date of Birth: [REDACTED] Age: [REDACTED]

Occupational Exposure - Previous History

3. Previous Employments Involving Radiation Exposure. List Name and Address of Employer.	4. Dates of Employment (From-To)	5. Periods of Exposure	6. Previous Whole Body (REM)	7. Dose History Insert Record or Calculated
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None

8. Type of Training	Where Trained	Duration of Training	Formal Course (give title)	On the Job (yes/no)
(A) Principles and Practices of Radiation Protection	—	—	—	yes ?
(B) Radioactivity Measurement, Monitoring Techniques and Instruments	—	—	—	yes ?
(C) Mathematics Basic to Use and Measurement of Radioactivity	—	—	—	yes ?
(D) Biological Effects of Radiation	—	—	—	yes ?

9. Experience: (Actual Use of Isotopes)

	Isotope	Amount (uCi)	Location	Duration	Use
(A)	<u>125 I</u>	<u>?</u>	<u>2-37</u>	<u>Sept 17 1973 to -</u>	<u>Recd -</u>
(B)					
(C)					
(D)					

10. I certify that the above information is correct and complete to the best of my knowledge and belief.

Date: 9-30-74

Signed: Jacob Kassari

DO NOT WRITE BELOW THIS LINE

Calculations - Permissible Dose to the Body:

(A) Permissible Accumulated Dose - 5(R-18)	_____	REM
(B) Total Exposure to Date (from Item 7)	_____	REM
(C) Permissible Dose	_____	REM

1. Name Emily M. Young EXL Dept. No. 2135 EXL
 2. Soc. Sec. No. [REDACTED] Date of Birth: [REDACTED] Age: [REDACTED]

Occupational Exposure - Previous History

3. Previous Employments Involving Radiation Exposure. List Name and Address of Employer.	4. Dates of Employment (From-To)	5. Periods of Exposure	6. Previous Whole Body (REM)	7. Dose Hist Insert Record or Calculate
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Institute for Cancer Research
 7701 Barholme Ave
 Phila Pa 19111

1954-1967

On and off
 for the 13
 years

8. Type of Training	Where Trained	Duration of Training	Formal Course (give title)	On the Job (yes/no)
---------------------	---------------	----------------------	----------------------------	---------------------

(A) Principles and Practices of Radiation Protection

Yes

(B) Radioactivity Measurement, Monitoring Techniques and Instruments

Yes

(C) Mathematics Basic to Use and Measurement of Radioactivity

Yes

(D) Biological Effects of Radiation

No

9. Experience: (Actual Use of Isotopes) *(Guesstimated Amounts)*

	Isotope	Amount (uCi)	Location	Duration	Use
(A)	^3H	~ 10,000	ICR	13 yrs	Med. Studies
(B)		~ 100	Wyeth	1 yr	"
(C)	^{14}C	~ 40,000	ICR	13 yrs	"
(D)		~ 25,000	Wyeth	7 yrs	"

10. I certify that the above information is correct and complete to the best of my knowledge and belief.

Date: 14 October 1974

Signed: Emily M. Young

Calculations - Permissible Dose Whole Body:

(A) Permissible Accumulated Dose = 5 (7-15)

(B) Total Exposure to Date (from Item 7)

(C) Permissible Dose

SUM

50

10

1. Name BUONATO, NICHOLAS S. EXLDept. No. 2103

EXL

2. Soc. Sec. No. [REDACTED]Date of Birth [REDACTED]Age: [REDACTED]

Occupational Exposure - Previous History

3. Previous Employments
Involving Radiation Exposure.
List Name and Address of
Employer.4. Dates of
Employment
(From-To)5. Periods
of Exposure6. Previous
Whole Body
(REM)7. Dose History
Insert Record
or Calculated

NONE

WYETH LABS

5/66 - PRESENT

6/71 - PRESENT

8. Type of Training

Where
TrainedDuration
of TrainingFormal Course
(give title)On the Job
(yes/no)(A) Principles and Practices
of Radiation Protection

WYETH LABS

YES

(B) Radioactivity Measure-
ment, Monitoring Tech-
niques and Instruments

"

YES

(C) Mathematics Basic to
Use and Measurement
of Radioactivity

NO

(D) Biological Effects
of Radiation

"

YES

9. Experience: (Actual Use of Isotopes)

Isotope

Amount (uCi)

Location

Duration

Use

(A)

C-14

~ 1000 uCi/yr

WYETH

6/71 - PRES.

ENZYME ASSAY

(B)

H-3

~ 5000 uCi/yr

"

"

"

(C)

P-32

~ 8 uCi/yr

"

OCCASIONAL
1-3 mo/yr

"

(D)

10. I certify that the above information is correct and complete to the best of my
knowledge and belief.Date: 10/1/74Signed: Nicholas S. Buonato

DO NOT WRITE BELOW THIS LINE

Calculations - Permissible Dose - Whole Body:

(A) Permissible Accumulated Dose = 5(R-18)

REM

(B) Total Exposure to Date (from Item 7)

REM

(C) Permissible Dose

REM

1. Name Beth Ann S. Tallard EX 6 Dept. No. 6213 EX 6
 2. Soc. Sec. No. [REDACTED] EX 6 Date of Birth: [REDACTED] Age [REDACTED]

Occupational Exposure - Previous History

3. Previous Employments Involving Radiation Exposure. List Name and Address of Employer.	4. Dates of Employment (From-To)	5. Periods of Exposure	6. Previous Whole Body (REM)	7. Dose Hist Insert Record or Calculate
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Univ. of Pa.
 Dept of Med Micro
 Phila, Pa 19104

3/49 - 8/71

11/49 - 7/71

Wyeth Labs
 Radnor Pa.

8/71 - present

8/71 - present

8. Type of Training	Where Trained	Duration of Training	Formal Course (give title)	On the Job (yes/no)
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(A) Principles and Practices of Radiation Protection

yes

(B) Radioactivity Measurement, Monitoring Techniques and Instruments

yes

(C) Mathematics Basic to Use and Measurement of Radioactivity

no

(D) Biological Effects of Radiation

yes

9. Experience: (Actual Use of Isotopes)

	Isotope	Amount (uCi)	Location	Duration	Use
(A)	C 14	~ 1000 uCi/yr	Wyeth & Penn	continuous	Enzyme assays
(B)	H 3	< 5000 uCi/yr	Wyeth	continuous	Enzyme assays
(C)	P 32	~ 100 uCi/yr	Wyeth	occasional	"
(D)	P 32	"	Penn	~ 6 mos	"

10. I certify that the above information is correct and complete to the best of my knowledge and belief.

Date: 8/1/71

Signed: Beth Ann S. Tallard

DO NOT WRITE BELOW THIS LINE

Calculations - Permissible Dose Whole Body:

(A) Permissible Accumulated Dose = 5(1-18)	_____	REM
(B) Total Exposure to Date (from Item 9)	_____	REM
(C) Permissible Dose	_____	REM

(C) Permissible Use

Dept. No. 2115

: ၁၃၅၄

25-17, wing of Penn

Calculations - Permissible Acetone Dose:
(A) Permissible Accumulated Dose = 5 (M-1)
(B) Total Exposure to Acetone (M-1)
(C) Permissible Dose

25

1. Name John Weaver EX. 4 Dept. No. 3115 EX. 4
 2. Soc. Sec. No. [REDACTED] Date of Birth: [REDACTED] Age: [REDACTED]

Occupational Exposure - Previous History

3. Previous Employments Involving Radiation Exposure. List Name and Address of Employer.	4. Dates of Employment (From-To)	5. Periods of Exposure	6. Previous Whole Body (REM)	7. Dose Hist Insert Record or Calculate
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None

8. Type of Training	Where Trained	Duration of Training	Formal Course (give title)	On the Job (yes/no)
(A) Principles and Practices of Radiation Protection	Wyeth	7 hrs.	-	yes
(B) Radioactivity Measurement, Monitoring Techniques and Instruments				
(C) Mathematics Basic to Use and Measurement of Radioactivity				
(D) Biological Effects of Radiation				

9. Experience: (Actual Use of Isotopes)

	Isotope	Amount (uCi)	Location	Duration	Use
(A)	C^{14}	<100	Wyeth	1 year	cholesterol metabolism studies
(B)					
(C)					
(D)					

10. I certify that the above information is correct and complete to the best of my knowledge and belief.

Date: 9/30/74

Signed: John R. Weaver

DO NOT WRITE BELOW THIS LINE

Calculations - Permissible Dose whole body:

(A) Permissible Accumulated Dose = 5(N-18)	_____	REM
(B) Total Exposure to Date (from Item 7)	_____	_____
(C) Permissible Dose	_____	_____

1. Name SALVATORE J. CHIN Dept. 2115
2. Soc. Sec. No. [REDACTED] Date of Birth [REDACTED] Age [REDACTED]

Occupational Exposure - Previous History

3. Previous Employments Involving Radiation Exposure. List Name and Address of Employer.	4. Dates of Employment (From-To)	5. Periods of Exposure	6. Previous Whole Body (REM)	7. Dose History Insert Record or Calculate
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8. Type of Training	Where Trained	Duration of Training	Formal Course (give title)	On the Job (yes/no)
---------------------	---------------	----------------------	----------------------------	---------------------

(A) Principles and Practices of Radiation Protection

(B) Radioactivity Measurement, Monitoring Techniques and Instruments

(C) Mathematics Basic to Use and Measurement of Radioactivity

(D) Biological Effects of Radiation

wgeth

yes

9. Experience: (Actual Use of Isotopes)

	Isotope	Amount (uCi)	Location	Duration	Use
(A)					
(B)	<i>C-14</i>	<i><10.0</i>	<i>wgeth</i>	<i>1 yr.</i>	<i>Lab experiments</i>
(C)					<i>cholesterol</i>
(D)					<i>metabolism</i>

10. I certify that the above information is correct and complete to the best of my knowledge and belief.

Date: *10/1/74*

Signed: *Salvatore Chin*

DO NOT WRITE BELOW THIS LINE

Calculations - permissible dose whole body:

(A) Permissible Accumulated Dose = $5(N-18)$
(B) Total Exposure to Date (from Item 7)
(C) Permissible Dose

REM
REM
REM

1. Name LINDA R. BARNAN

Dept. No. 2115

2. Soc. Sec. No. [REDACTED] ^{EX 6}

Date of Birth: [REDACTED] ^{EX 6}

Age: [REDACTED]

Occupational Exposure - Previous History

3. Previous Employments Involving Radiation Exposure. List Name and Address of Employer.

4. Dates of Employment (From-To)

5. Periods of Exposure

6. Previous Whole Body (REM)

7. Dose History Insert Record or Calculation

NONE

8. Type of Training

Where Trained

Duration of Training

Formal Course (give title)

On the Job (yes/no)

(A) Principles and Practices of Radiation Protection

Temple U.

2 semesters of course work & lab work using radioactivity.

but no formal course in its use.

no

(B) Radioactivity Measurement, Monitoring Techniques and Instruments

"

"

"

no

(C) Mathematics Basic to Use and Measurement of Radioactivity

Nyeth

Several hours

-

yes

(D) Biological Effects of Radiation

9. Experience: (Actual Use of Isotopes)

	Isotope	Amount (uCi)	Location	Duration	Use
(A)	H^3 C^{14}	small	Temple U	2 semesters	lab experiments
(B)	C^{14}	small	Nyeth	1 year	cholesterol metabolism study
(C)					
(D)					

10. I certify that the above information is correct and complete to the best of my knowledge and belief.

Date: Jan 31 1966

Signed: Linda R. Barnan

DO NOT WRITE BELOW THIS LINE

Calculations - Permissible Dose Whole Body:

(A) Permissible Accumulated Dose = 5 (N-18)	SUM
(B) Total Exposure to Date (from Item 7)	SUM
(C) Permissible Dose	SUM

1. Name Denise McCurdy Dept. No. 2121 Ex. 6
 2. Soc. Sec. No. [REDACTED] Date of Birth [REDACTED] Age [REDACTED]

Occupational Exposure - Previous History

3. Previous Employments Involving Radiation Exposure. List Name and Address of Employer.	4. Dates of Employment (From-To)	5. Periods of Exposure	6. Previous Whole Body (REM)	7. Dose History Insert Record or Calculated
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Smith, Kline & French Labs	7/70-6/72	Did not work with radioactivity. Observed other work. No measurement taken of exposure.		
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Wyeth Labs	7/73-			
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8. Type of Training	Where Trained	Duration of Training	Formal Course (give title)	On the Job (yes/no)
(A) Principles and Practices of Radiation Protection	SKF	2 year		yes
	Wyeth	present	Lecture series at work.	yes
(B) Radioactivity Measurement, Monitoring Techniques and Instruments	SKF and Wyeth as above			
(C) Mathematics Basic to Use and Measurement of Radioactivity	SKF and Wyeth as above			
(D) Biological Effects of Radiation	SKF and Wyeth as above			

9. Experience: (Actual Use of Isotopes)

	Isotope	Amount (uCi)	Location	Duration	Use
(A)	tritium	100 uCi	Wyeth	present	Several biochemical assays
(B)	I 125	2 uCi	Wyeth	present	Radioimmunoassay of insulin
(C)					
(D)					

10. I certify that the above information is correct and complete to the best of my knowledge and belief.

Date: September 30, 1974 Signed: Denise McCurdy

Calculations - Permissible Dose Whole Body:

(A) Permissible Accumulated Dose = 5(N-18)	
(B) Total Exposure to Date (from Item 7)	
(C) Permissible Dose	

RADIATION TRAINING, EXPERIENCE AND EXPOSURE HISTORY

1. Name DA-PING YANG Ph.D. EX 6 Dept. No. 2421
 2. Soc. Sec. No. [REDACTED] Date of Birth: [REDACTED] Age: [REDACTED]

Occupational Exposure - Previous History

3. Previous Employments Involving Radiation Exposure. List Name and address of Employer.	4. Dates of Employment (From-To)	5. Periods of Exposure	6. Previous Whole Body (REM)	7. Dose Hist Insert Recor or Calculate
Department of Biology University of Ottawa	1965-1968	2 years	no significant amount	no significant amount
Division of Biological Sciences National Research Council, CANADA	1968-70	1 year	" "	" "

8. Type of Training	Where Trained	Duration of Training	Formal Source (give title)	On the Job (yes/no)
(A) Principles and Practices of Radiation Protection	University of Ottawa	8 months	Radiation Biology	no
(B) Radioactivity Measurement, Monitoring Techniques and Instruments	University of Ottawa	4 months	Techniques in Radiation Biology	no
(C) Mathematics Basic to Use and Measurement of Radioactivity	U. of Ottawa	8 months	Radiation Biology	no
	NRC of Canada	2 years		yes
(D) Biological Effects of Radiation	U. of Ottawa	8 month	Radiation Biology	no
	NRC of Canada	2 years		yes

9. Experience: (Actual Use of Isotopes)

	Isotope	Amount (uCi)	Location	Duration	Use
(A)	^{32}P	25,000 uCi	Ottawa	2 years	Labeling DNA + RNA for cell cycle stud.
(B)	^{32}P	6000 uCi	Ottawa	1 year	Nuclear acid synth in mammalian cells
(C)					
(D)					

10. I certify that the above information is correct and complete to the best of my knowledge and belief.

Date: 4/30/74 Signature: Da-ping Yang

Calculations - For Insertion in Whole Body:

(A) Permissible Accumulated Dose = $5(1-10^{-4})$ _____
 (B) Total Exposure to Date (Insert 10^-4) _____
 (C) Permissible _____

1. Name Robert J. [redacted] Dept. 2-
 2. Soc. Sec. No. [redacted] Ex. 6 Date of Birth: [redacted] Age [redacted]

Occupational Exposure - Previous History

3. Previous Employments Involving Radiation Exposure - List Name and Address of Employer	4. Dates of Employment (From-To)	5. Periods of Exposure	6. Previous Whole Body (REM)	7. Dose Hist Insert Record or Calculate
Wistar Institute Philadelphia, Pa.	1/55 - 1/67			

8. Type of Training	Where Trained	Duration of Training	Formal Course (give title)	On the Job (yes/no)
(A) Principles and Practices of Radiation Protection				
(B) Radioactivity Measurement, Monitoring Techniques and Instruments				
(C) Mathematics Basic to Use and Measurement of Radioactivity				
(D) Biological Effects of Radiation				

9. Experience: (Actual Use of Isotopes)

	Isotope	Amount (uCi)	Location	Duration	Use
(A)	³² P	2,223 - pre-1967	A9-34B - Water		
(B)	³² P	11,840 - pre-1967	" "		
(C)	³² P	17,470 - pre-1967	" "		
(D)	³² P	10,000	A9-34B - Water	6 months	

10. I certify that the above information is correct and complete to the best of my knowledge and belief.

Date: _____ Signed: _____
 DO NOT WRITE BELOW THIS LINE

Calculations - Permissible Dose Whole Body:

(A) Permissible Accumulated Dose = 5(N-13) _____ REM
 (B) Total Exposure to Date (from Item 7) _____ REM
 (C) Permissible Dose _____ REM

RADIATION TRAINING, EXPERIENCE AND EXPOSURE HISTORY

1. Name FRANK WIENER ^{EX 6} Dept. No. 2421
 2. Soc. Sec. No. [REDACTED] Date of Birth [REDACTED] ^{EX 6} Age: [REDACTED]

Occupational Exposure - Previous History

3. Previous Employments Involving Radiation Exposure. List Name and Address of Employer	4. Dates of Employment (From-To)	5. Periods of Exposure	6. Previous Whole Body (REM)	7. Dose Hist Insert Record or Calculate
---	----------------------------------	------------------------	------------------------------	---

NONE

8. Type of Training	Where Trained	Duration of Training	Formal Course (give title)	On the Job (yes/no)
---------------------	---------------	----------------------	----------------------------	---------------------

(A) Principles and Practices of Radiation Protection

(B) Radioactivity Measurement, Monitoring Techniques and Instruments

(C) Mathematics Basic to Use and Measurement of Radioactivity

(D) Biological Effects of Radiation

NONE

9. Experience: (Actual Use of Isotopes)

	Isotope	Amount (uCi)	Location	Duration	Use
(A)	¹⁴ C	> 5 mC	<i>Radon</i>	<i>5 years</i>	<i>in conjunction with studies by A. H. Smith</i>
(B)	³ H	> 1 mC			
(C)	³² P	< 100 μ C			
(D)	³⁵ S	< 1 mC			

10. I certify that the above information is correct and complete to the best of my knowledge and belief.

Date: 12/31/73

Signed: _____

Frank P. Wiener

BY THE UNITED STATES OF AMERICA

Calculations - Permissible Dose Whole Body:

(A) Permissible Accumulated Dose = 5(R-18) _____
 (B) Total Exposure to Date (from item 7) _____
 (C) Permissible Dose _____

REM

RADIATION TRAINING, EXPERIENCE AND EXPOSURE HISTORY

1. Name MARK LEVNERDept. No. 24212. Soc. Sec. No. [REDACTED] ^{EX-6}Date of Birth: [REDACTED] ^{EX-6} Age [REDACTED]

Occupational Exposure - Previous History

3. Previous Employments
Involving Radiation Exposure.
List Name and Address of
Employer4. Dates of
Employment
(From-To)5. Periods
of Exposure6. Previous
Whole Body
(REM)7. Dose Hist
Insert Record
or Calculate*no significant
exposure*

8. Type of Training

Where
TrainedDuration
of TrainingFormal Course
(give title)On the Job
(yes/no)(A) Principles and Practices
of Radiation Protection*Dept. of Biophysics,
Univ. of Chicago**1965-1971**none**yes*(B) Radioactivity Measure-
ment, Monitoring Techni-
ques and Instruments*"**"**none**yes*(C) Mathematics Basic to
Use and Measurement
of Radioactivity*"**"**Biochemistry**yes*(D) Biological Effects
of Radiation*"**"**Replication and
Heredity**yes*

9. Experience: (Actual Use of Isotopes)

Isotope

Amount (uCi)

Location

Duration

Use

(A)

*³H**5000**U. of Chicago,**8 yrs.**For labelling proteins*

(B)

*¹⁴C**100**Inst. for Cancer**"**and nucleic acids*

(C)

*³²P**50,000**Rockwell,**"*

(D)

*³⁵S**100**Harvard College**1 yr.*

10. I certify that the above information is correct and complete to the best of my knowledge and belief.

Date: 12-20-73

Signature:

Mark W. Levner

Calculations - Permissible Dose Whole Body:

(A) Permissible Accumulated Dose = 5×10^{-4}

(B) Total Exposure to Date (from Item 9)

(C) Permissible Dose

RADIATION TRAINING, EXPERIENCE AND EXPOSURE HISTORY

1. Name Lawrence T. Wetzel

Dept. No. 2133

2. Soc. Sec. No. [REDACTED] EX 6

Date of Birth [REDACTED]

Age: [REDACTED]

Occupational Exposure - Previous History

3. Previous Employments
Involving Radiation Exposure.
List Name and Address of
Employer.

4. Dates of
Employment
(From-To)

5. Periods
of Exposure

6. Previous
Whole Body
(REM)

7. Dose Hist
Insert Recor
or Calculate

8. Type of Training

Where
Trained

Duration
of Training

Formal Source
(give title)

On the Job
(yes/no)

(A) Principles and Practices
of Radiation Protection

Villanova
University

1 Semester

Radiation
Biology

No

(B) Radioactivity Measure-
ment, Monitoring Tech-
niques and Instruments

—

"

(C) Mathematics Basic to
Use and Measurement
of Radioactivity

Villanova
University

1 Semester

Radiation
Biology

"

(D) Biological Effects
of Radiation

"

"

"

"

9. Experience: (Actual Use of Isotopes) —

Isotope

Amount (uCi)

Location

Duration

Use

(A)
(B)
(C)
(D)

10. I certify that the above information is correct and complete to the best of my knowledge and belief.

Date: 12/11/73

Signed: Lawrence T. Wetzel

Calculations - For Possible Dose Whole Body:

(A) Possible accumulated dose = $\sum (T \times R)$

REM

(B) Total exposure to date (from Item 7)

(C) Possible dose

RADIATION TRAINING, EXPERIENCE AND EXPOSURE HISTORY

4371

1. Name MICHAEL G. FARROW, Ph.D.

Dept. No. 2133

2. Soc. Sec. No. [REDACTED] *EX 6*

Date of Birth: [REDACTED] *EX 6* Age [REDACTED]

Occupational Exposure - Previous History

3. Previous Employments Involving Radiation Exposure. List Name and Address of Employer.	4. Dates of Employment (From-To)	5. Periods of Exposure	6. Previous Whole Body (REM)	7. Dose Hist Insert Recor or Calculate
---	--	---------------------------	------------------------------------	--

8. Type of Training	Where Trained	Duration of Training	Formal Course (give title)	On the Job (yes/no)
(A) Principles and Practices of Radiation Protection	University of Pittsburgh	One Semester	Basic Radio- logical Health	NO
(B) Radioactivity Measure- ment, Monitoring Techni- ques and Instruments	"	"	"	"
(C) Mathematics Basic to Use and Measurement of Radioactivity	"	"	"	"
(D) Biological Effects of Radiation	"	"	"	"

9. Experience: (Actual Use of Isotopes)

	Isotope	Amount (uCi)	Location	Duration	Use
(A)	Tritiated Thymidine	10uCi	W.Va. University	1968-1972	Investigative
(B)	Tritiated Uridine	4uCi	"	"	"
(C)					
(D)					

10. I certify that the above information is correct and complete to the best of my knowledge and belief.

Date: 12/11/73

Michael G. Farrow Ph.D.

Calculations - Permissible Dose Whole Body:

(A) Permissible Accumulated Dose = 5(R-12)	REM
(B) Total Exposure to Date (from Item 1)	REM
(C) Permissible Dose	REM

RADIATION TRAINING, EXPERIENCE AND EXPOSURE HISTORY1. Name L. Jean LassenDept. No. Toxicology 20222. Soc. Sec. No. [REDACTED] EX 6Date of Birth: [REDACTED] EX 6Age: [REDACTED]Occupational Exposure - Previous History3. Previous Employments
Involving Radiation Exposure.
List Name and Address of
Employer.4. Dates of
Employment
(From-To)5. Periods
of Exposure6. Previous
Whole Body
(REM)7. Dose Hist
Insert Recor
or Calculate

None

8. Type of Training

Where
TrainedDuration
of TrainingFormal Course
(give title)On the Job
(yes/no)(A) Principles and Practices
of Radiation Protection

None

(B) Radioactivity Measure-
ment, Monitoring Tech-
niques and Instruments(C) Mathematics Basic to
Use and Measurement
of Radioactivity(D) Biological Effects
of Radiation

9. Experience: (Actual Use of Isotopes)

Isotope

Amount (uCi)

Location

Duration

Use

(A)
(B)
(C)
(D)

None

10. I certify that the above information is correct and complete to the best of my
knowledge and belief.12/14/73L. Jean Lassen

52719

Calculations - Permissible Dose Whole Body:

(A) Permissible Accumulated Dose = 5(R-13)

REM

(B) Total Exposure to Date (From Item 1)

REM

(C) Permissible Dose

REM

1. Name Politowski, JamesDep No. 21352. Soc. Sec. No. [REDACTED] EX. 6Date of Birth: [REDACTED] EX. 6Age: [REDACTED]

Occupational Exposure - Previous History

3. Previous Employments
Involving Radiation Exposure.
List Name and Address of
Employer.4. Dates of
Employment
(From-To)5. Periods
of Exposure6. Previous
Whole Body
(REM)7. Dose History
Insert Record
or Calculator

Albert Einstein Medical Center
North, Korman Research Cntr.
York HARBOR Rd.
Phila. PA

6/68 - 7/68



EX. 6

8. Type of Training

Where
TrainedDuration
of TrainingFormal Course
(give title)On the Job
(yes/no)(A) Principles and Practices
of Radiation Protection(B) Radioactivity Measure-
ment, Monitoring Tech-
niques and Instruments(C) Mathematics Basic to
Use and Measurement
of Radioactivity(D) Biological Effects
of Radiation

LASALLE
College
Phila, PA.

1 Semester
3 credit

Radio chemistry

yes

9. Experience: (Actual Use of Isotopes)

Isotope

Amount (uCi)

Location

Duration

Use

(1) ¹⁴C

250 uCi

AECM/Wyeth

~ 5 yrs
periodicallyBio-Tracer
Material(2) ³²P

100 uCi

AECM/Wyeth

~ 5 yrs

(3) ¹²⁵I

50 uCi

Wyeth

~ 1 yr.

In connection with Radiation
Health Safety ProceduresI certify that the above information is correct and complete to the best of my
knowledge and belief.

7/4/10/4

Signed: James J. Politowski

DO NOT WRITE BELOW THIS LINE

Calculations - Permissible dose whole body:

(A) Permissible Accumulated Dose = 5(N-18)

(B) Total Exposure to Date (from Item 7)

(C) Permissible Dose

REM

REM

REM

1. Name Mary R. STA EX-4

Dept. No. 2135

2. Soc. Sec. No. [REDACTED]

Date of Birth: [REDACTED] Age: [REDACTED]

EX-6

Occupational Exposure - Previous History

3. Previous Employments Involving Radiation Exposure. List Name and Address of Employer.	4. Dates of Employment (From-To)	5. Periods of Exposure	6. Previous Whole Body (REM)	7. Dose Hist. Insert Record or Calculate
--	----------------------------------	------------------------	------------------------------	--

None

8. Type of Training	Where Trained	Duration of Training	Formal Course (give title)	On the Job (yes/no)
---------------------	---------------	----------------------	----------------------------	---------------------

(A) Principles and Practices of Radiation Protection None

(B) Radioactivity Measurement, Monitoring Techniques and Instruments None

(C) Mathematics Basic to Use and Measurement of Radioactivity None

(D) Biological Effects of Radiation None

9. Experience: (Actual Use of Isotopes)

	Isotope	Amount (uCi)	Location	Duration	Use
(A)	<u>None</u>				
(B)					
(C)					
(D)					

10. I certify that the above information is correct and complete to the best of my knowledge and belief.

Date: 3/21/54 Signed: Mary R. STA

DO NOT WRITE BELOW THIS LINE

Calculations - Permissible Dose whole body:

(A) Permissible Accumulated Dose = $5(N-18)$	_____	REM
(B) Total Exposure to Date (from item 7)	_____	REM
(C) Permissible Dose	_____	REM

1. Name Ann Linn Ex. 4 Dept. No. 235
 2. Soc. Sec. No. [REDACTED] Date of Birth [REDACTED] Age [REDACTED]

Occupational Exposure - Previous History

3. Previous Employments Involving Radiation Exposure. List Name and Address of Employer	4. Dates of Employment (From-To)	5. Periods of Exposure	6. Previous Whole Body (REM)	7. Dose History Insert Record or Calculated
Sinai Hospital Baltimore, Md.	1962-6	4 years	-	-
National Cancer Institute Baltimore, Md.	1967-8	1 year	-	-

8. Type of Training	Where Trained	Duration of Training	Formal Course (give title)	On the Job (yes/no)
(A) Principles and Practices of Radiation Protection	(1) Sinai Hospital Baltimore, Md.		none	yes
(B) Radioactivity Measurement, Monitoring Techniques and Instruments	(2) NCI Baltimore, Md.		none	yes
(C) Mathematics Basic to Use and Measurement of Radioactivity	(3) Wyeth Lab		none	yes
(D) Biological Effects of Radiation			none	yes

9. Experience: (Actual Use of Isotopes)

	Isotope	Amount (uCi)	Location	Duration	Use
(A)	C ¹⁴	200 uCi/year	Wyeth		Biological & Drug Exp.
(B)		50 uCi/year	Sinai Hospital		Biological Experiments
(C)			and NCI		
(D)					

10. I certify that the above information is correct and complete to the best of my knowledge and belief.

Date: 9/30/68 Signed: Ann Linn

DO NOT WRITE BELOW THIS LINE

Calculations - Permissible Dose Whole Body:

- | | | |
|--|-------|-----|
| (A) Permissible Accumulated Dose = 5(N-18) | _____ | REM |
| (B) Total Exposure to Date (from Item 7) | _____ | REM |
| (C) Permissible Dose | _____ | REM |

1. Name HAZEL B. KAMEL De. No. 2135 7371
 2. Soc. Sec. No. [REDACTED] Date of Birth: [REDACTED] Age: [REDACTED]

Occupational Exposure - Previous History

3. Previous Employments Involving Radiation Exposure. List Name and Address of Employer.	4. Dates of Employment (From-To)	5. Periods of Exposure	6. Previous Whole Body (REM)	7. Dose Hist Insert Record or Calculate
--	----------------------------------	------------------------	------------------------------	---

None

8. Type of Training	Where Trained	Duration of Training	Formal Course (give title)	On the Job (yes/no)
---------------------	---------------	----------------------	----------------------------	---------------------

(A) Principles and Practices of Radiation Protection (1) TEMPLE UNI. 17 yrs. (2) WYETH LABS. yes - (1st) NUCLEAR AND RADIOCHEMISTRY (2nd) Biochemistry - Usage of Isotopes. yes

(B) Radioactivity Measurement, Monitoring Techniques and Instruments yes

(C) Mathematics Basic to Use and Measurement of Radioactivity yes

(D) Biological Effects of Radiation yes

9. Experience: (Actual Use of Isotopes)

Isotope	Amount (uCi)	Location	Duration	Use
---------	--------------	----------	----------	-----

(A) ³H < 5000 WYETH Periodically Biological & Drug Ex

(B) ¹⁴C < 5000 WYETH " "

(C) ³⁵S < 1000 WYETH " "

(D) ¹²⁵I, ⁵⁹Fe, ⁵⁷Co < 100 uCi WYETH " Standardization of Equip

10. I certify that the above information is correct and complete to the best of my knowledge and belief.

Date: 9-30-74 Signed: Hazel B. KameL

Calculations - Permissible Dose Whole Body:

(A) Permissible Accumulated Dose = 5(R-18)	REM
(B) Total Exposure to Date (from Item 7)	<u>52719</u>
(C) Permissible Dose	<u> </u>

1. Name Roger Treacham EX6Dept. No. 21352. Soc. Sec. No. [REDACTED]Date of Birth: [REDACTED]Age: [REDACTED]

Occupational Exposure - Previous History

3. Previous Employments
Involving Radiation Exposure.
List Name and Address of
Employer.4. Dates of
Employment
(From-To)5. Periods
of Exposure6. Previous
Whole Body
(REM)7. Dose History
Insert Record
or Calculation

NONE

8. Type of Training

Where
TrainedDuration
of TrainingFormal Course
(give title)On the Job
(yes/no)(A) Principles and Practices
of Radiation Protection

Wyeth Labs.

Lecture series
1-2 hours

yes

(B) Radioactivity Measure-
ment, Monitoring Tech-
niques and Instruments

Wyeth "

"

yes

(C) Mathematics Basic to
Use and Measurement
of Radioactivity

Wyeth "

"

yes

(D) Biological Effects
of Radiation

Wyeth "

"

yes

9. Experience: (Actual Use of Isotopes)

Isotope

Amount (uCi)

Location

Duration

Use

(A) ¹⁴CWyeth Labs, RADNOR
PA.

1966-present

metabolic studies in
animals.

(B)

(C)

(D)

10. I certify that the above information is correct and complete to the best of my
knowledge and belief.Date: 10/1/74Signed: Roger H. Treacham

Calculations - Permissible Dose Whole body:

(A) Permissible Accumulated Dose = 5(R-18)

(B) Total Exposure to Date (from Item 7)

(C) Permissible Dose

REM

REM

REM

1. Name CESARIO O TIO EX. 4 Dept. No. 213J
 2. Soc. Sec. No. [REDACTED] Date of Birth: [REDACTED] Age: [REDACTED] EX. 6

Occupational Exposure - Previous History

3. Previous Employments Involving Radiation Exposure. List Name and Address of Employer.	4. Dates of Employment (From-To)	5. Periods of Exposure	6. Previous Whole Body (REM)	7. Dose Hist Insert Record or Calculate
--	----------------------------------	------------------------	------------------------------	---

8. Type of Training	Where Trained	Duration of Training	Formal Course (give title)	On the Job (yes/no)
(A) Principles and Practices of Radiation Protection	GEORGETOWN UNIVERSITY		1 SEMESTER RADIOCHEMISTRY	
(B) Radioactivity Measurement, Monitoring Techniques and Instruments			1 SEMESTER RADIOISOTOPE TECHNIQUE	
(C) Mathematics Basic to Use and Measurement of Radioactivity			1 SEMESTER RADIOCHEMISTRY	
(D) Biological Effects of Radiation			RADIOCHEMISTRY & RADIOISOTOPE TECHNIQUE	

9. Experience: (Actual Use of Isotopes)

	Isotope	Amount (uCi)	Location	Duration	Use
(A)	^{14}C	2000 μCi	Wyer	9 yrs.	Drug research
(B)	^3H	10	"	1 month	
(C)					
(D)					

10. I certify that the above information is correct and complete to the best of my knowledge and belief.

Date: 10/1/74

Signed: Cesario O. Tio

Calculations - Permissible Dose Whole Body:

(A) Permissible Accumulated Dose = $5(18-18)$	REM
(B) Total Exposure to Date (from Item 7)	REM
(C) Permissible Dose	REM

1. Name Marvin Schwartz EX 4

Dept. No. 2135

2. Soc. Sec. No. [REDACTED]

Date of Birth: [REDACTED] Age: [REDACTED]

Occupational Exposure - Previous History

3. Previous Employments
Involving Radiation Exposure.
List Name and Address of
Employer.

4. Dates of
Employment
(From-To)

5. Periods
of Exposure

6. Previous
Whole Body
(REM)

7. Dose Hist:
Insert Record
or Calculate

None

8. Type of Training

Where
Trained

Duration
of Training

Formal Course
(give title)

On the Job
(yes/no)

(A) Principles and Practices
of Radiation Protection

Drexel U.

3 mos.

Radioisotope
Methodology

no

(B) Radioactivity Measure-
ment, Monitoring Tech-
niques and Instruments

(C) Mathematics Basic to
Use and Measurement
of Radioactivity

(D) Biological Effects
of Radiation

9. Experience: (Actual Use of Isotopes)

	Isotope	Amount (uCi)	Location	Duration	Use
(A)	<u>^{14}C</u>	<u>3,000 μCi</u>	<u>W. J. Radnor</u>	<u>10/71 - 10/74</u>	<u>drug isolation</u>
(B)					
(C)					
(D)					

10. I certify that the above information is correct and complete to the best of my knowledge and belief.

Date: 11/2/74

Signed: Marvin Schwartz

DO NOT WRITE BELOW THIS LINE

Calculations - Permissible Dose Whole Body:

- (A) Permissible Accumulated Dose = $5(N-18)$
(B) Total Exposure to Date (from Item 7)
(C) Permissible Dose

REM

REM

REM

1. Name Peter J. Schilling EX 16 Dept. No. 2135
 2. Soc. Sec. No. [REDACTED] Date of Birth [REDACTED] Age: [REDACTED] EX 16

Occupational Exposure - Previous History

3. Previous Employments Involving Radiation Exposure. List Name and Address of Employer.	4. Dates of Employment (From-To)	5. Periods of Exposure	6. Previous Whole Body (REM)	7. Dose Hist Insert Recor or Calculate
---	--	---------------------------	------------------------------------	--

None

8. Type of Training	Where Trained	Duration of Training	Formal Course (give title)	On the Job (yes/no)
(A) Principles and Practices of Radiation Protection			Chemistry 890	No
(B) Radioactivity Measure- ment, Monitoring Tech- niques and Instruments	Rutgers U. New Brunswick, N.J.	5 mos	Theory and Use of Radioisotopes	
(C) Mathematics Basic to Use and Measurement of Radioactivity				
(D) Biological Effects of Radiation				

9. Experience: (Actual Use of Isotopes)

	Isotope	Amount (uCi)	Location	Duration	Use
(A)	¹⁴ C	3600 μ Ci	Wyeth, Radnor	3/71 - 10/74	Drug Metabolism and Disposition
(B)					
(C)					
(D)					

10. I certify that the above information is correct and complete to the best of my knowledge and belief.

Date: 12/14/84Signed: Peter J. Schilling

DO NOT WRITE BELOW THIS LINE

Calculations - Permissible Dose Whole Body:

- (A) Permissible Accumulated Dose = $5(N-18)$ _____ REM
 (B) Total Exposure to Date (from Item 9) _____ REM
 (C) Permissible Dose _____ REM

1. Name Christopher Rick **EX. 6** Dept. No. 213 **EX. 6**
2. Soc. Sec. No. [REDACTED] **7** Date of Birth: [REDACTED] Age: [REDACTED]

Occupational Exposure - Previous History **EX. 4**

3. Previous Employments Involving Radiation Exposure. List Name and Address of Employer.	4. Dates of Employment (From-To)	5. Periods of Exposure	6. Previous Whole Body (REM)	7. Dose History Insert Record or Calculated
--	----------------------------------	------------------------	------------------------------	---

③ Edward R. Burkha - Cardenza Foundation - 1015 Sanson St Phila
④ March 66 - March 68 -
⑤ - March 66 - March 68

8. Type of Training	Where Trained	Duration of Training	Formal Course (give title)	On the Job (yes/no)
(A) Principles and Practices of Radiation Protection	Wyeth			✓
(B) Radioactivity Measurement, Monitoring Techniques and Instruments	"			✓
(C) Mathematics Basic to Use and Measurement of Radioactivity	"			✓
(D) Biological Effects of Radiation				

9. Experience: (Actual Use of Isotopes)

	Isotope	Amount (uCi)	Location	Duration	Use
(A)	P32	?	Cardenza Fdn	2 yrs	Rebilit
(B)	H3	100 uCi	Wyeth	1 yr	Animal dosing
(C)	C14	2241		5 yrs	

10. I certify that the above information is correct and complete to the best of my knowledge and belief.

Date: _____ Signed: [Signature]
DO NOT WRITE BELOW THIS LINE

Calculations - Permissible Dose Whole Body:
(A) Permissible Accumulated Dose = 5(R-18) _____ REM
(B) Total Exposure to Date (from Item 7) _____ REM
(C) Permissible Dose _____ REM

1. Name SANDRA GONZALEZ EX. 6Dept. No. 21352. Soc. Sec. No. [REDACTED] 7Date of Birth [REDACTED] EX. 6 Age: [REDACTED]

Occupational Exposure - Previous History

3. Previous Employments Involving Radiation Exposure. List Name and Address of Employer.	4. Dates of Employment (From-To)	5. Periods of Exposure	6. Previous Whole Body (REM)	7. Dose Hist Insert Record or Calculate
--	----------------------------------	------------------------	------------------------------	---

UNIV. OF DELAWARE
NEWARK, DEL.Student
1960-196410/63 →
6/64

?

?

8. Type of Training	Where Trained	Duration of Training	Formal Course (give title)	On the Job (yes/no)
(A) Principles and Practices of Radiation Protection	WYETH	1969 → PRESENT	—	YES
(B) Radioactivity Measurement, Monitoring Techniques and Instruments	WYETH	"	—	YES
(C) Mathematics Basic to Use and Measurement of Radioactivity	WYETH	"	—	YES
(D) Biological Effects of Radiation	—	—	—	NO

9. Experience: (Actual Use of Isotopes)

	Isotope	Amount (uCi)	Location	Duration	Use
(A)	C ¹⁴	~ 18,000 μ Ci	WYETH	1969 - Present	Tracer
(B)					
(C)					
(D)					

10. I certify that the above information is correct and complete to the best of my knowledge and belief.

Date: 9/3/74Signed: Sandra Gonzalez

DO NOT WRITE BELOW THIS LINE

Calculations - Permissible Dose to Whole Body:

(A) Permissible Accumulated Dose = 5(1-18)

(B) Total Exposure to Date (from Item 7)

(C) Permissible Dose

REM

REM

REM

1. Name Frank W. Janssen *EX. 6* Dept. No. 2135
 2. Soc. Sec. No. [REDACTED] Date of Birth: [REDACTED] Age: [REDACTED]
EX. 4 *EX. 6*

Occupational Exposure - Previous History

3. Previous Employments Involving Radiation Exposure. List Name and Address of Employer.	4. Dates of Employment (From-To)	5. Periods of Exposure	6. Previous Whole Body (REM)	7. Dose Hist Insert Recor or Calculate
--	----------------------------------	------------------------	------------------------------	--

<u>Hormel Institute</u> <u>Austin, Minn.</u>	<u>Sept. 1952 -</u> <u>June 1961</u>	<u>Mar. 1958 -</u> <u>June 1961</u>	<u>[REDACTED]</u> <i>EX. 4</i>	<u>[REDACTED]</u> <i>EX. 6</i>
---	---	--	-----------------------------------	-----------------------------------

8. Type of Training	Where Trained	Duration of Training	Formal Course (give title)	On the Job (yes/no)
(A) Principles and Practices of Radiation Protection	<u>Hormel Inst.</u>	<u>3 years</u>	<u>—</u>	<u>yes</u>
(B) Radioactivity Measurement, Monitoring Techniques and Instruments	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
(C) Mathematics Basic to Use and Measurement of Radioactivity	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
(D) Biological Effects of Radiation	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>

9. Experience: (Actual Use of Isotopes)

	Isotope	Amount (uCi)	Location	Duration	Use
(A)	<u>¹⁴C</u>	<u>~ 5-10,000</u>	<u>Hormel Inst</u>	<u>3 yrs</u>	<u>Tracer</u>
(B)	<u>¹⁴C</u>	<u>~ 20,000</u>	<u>Wjeth</u>	<u>5 yrs</u>	<u>"</u>
(C)					
(D)					

10. I certify that the above information is correct and complete to the best of my knowledge and belief.

Date: 10/3/74

Signed: Frank W. Janssen

DO NOT WRITE BELOW THIS LINE

Calculations - permissible dose whole body:

- (A) Permissible Accumulated Dose = $5(N-18)$
 (B) Total Exposure to Date (from Item 9)
 (C) Permissible Dose

RADIATION WORKING, EXPERIENCE AND HISTORY

1. Name IVARS JAUNAKAIS EX. 6 Dept. No. 2114 EX. 6
 2. Soc. Sec. No. [REDACTED] Date of Birth: [REDACTED] Age: [REDACTED] EX. 6

Occupational Exposure - Previous History

3. Previous Employments Involving Radiation Exposure. List Name and Address of Employer.	4. Dates of Employment (From-To)	5. Periods of Exposure	6. Previous Whole Body (REM)	7. Dose Hist Insert Record or Calculate
Temple Health Science Center	Feb, 1970 - Sept, 1970	daily	unknown	unknown

8. Type of Training	Where Trained	Duration of Training	Formal Course (give title)	On the Job (yes/no)
(A) Principles and Practices of Radiation Protection				Yes
(B) Radioactivity Measurement, Monitoring Techniques and Instruments				Yes
(C) Mathematics Basic to Use and Measurement of Radioactivity				Yes
(D) Biological Effects of Radiation				Yes

9. Experience: (Actual Use of Isotopes)

	Isotope	Amount (uCi)	Location	Duration	Use
(A)	³² P	10 uCi	Wyeth	6 mon.	protein labeling
(B)	¹⁴ C	10 uCi	Wyeth	6 mon.	protein labeling
(C)	¹²⁵ I	2 uCi	Wyeth	3 years	RIA
(D)	¹²⁵ I	1 uCi	Temple	8 mon.	RIA

10. I certify that the above information is correct and complete to the best of my knowledge and belief.

Date: 10/2/74

Signed: Ivars Jaunakais

DO NOT WRITE BELOW THIS LINE

Calculations - Permissible Dose Whole Body:

(A) Permissible Accumulated Dose = 5 (N-18)	_____	REM
(B) Total Exposure to Date (from Item 7)	_____	REM
(C) Permissible Dose	_____	REM

RADIATION PROTECTION, EXPERIENCE AND HISTORY

1. Name Ruth Gillis EX. 6 Dept. No. 2114
 2. Soc. Sec. No. [REDACTED] Date of Birth: [REDACTED] Age: [REDACTED]
EX. 6 EX. 6

Occupational Exposure - Previous History

3. Previous Employments Involving Radiation Exposure. List Name and Address of Employer.	4. Dates of Employment (From-To)	5. Periods of Exposure	6. Previous Whole Body (REM)	7. Dose Hist Insert Record or Calculate
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TH. JEFFERSON UNIV.
 LOCUST ST.
 PHILA., PA.

68-72

1-2 X'S
 PER WK.

8. Type of Training	Where Trained	Duration of Training	Formal Course (give title)	On the Job (yes/no)
(A) Principles and Practices of Radiation Protection				YES
(B) Radioactivity Measurement, Monitoring Techniques and Instruments				YES
(C) Mathematics Basic to Use and Measurement of Radioactivity				YES
(D) Biological Effects of Radiation				YES

9. Experience: (Actual Use of Isotopes)

	Isotope	Amount (uCi)	Location	Duration	Use
(A)	TRITIUM, C ¹⁴		TH. JEFF. UNIV.	71-72	TRACER
(B)	I ¹²⁵		"	71-72	"
(C)					
(D)					

10. I certify that the above information is correct and complete to the best of my knowledge and belief.

Date: 10/2/74

Signed:

Ruth M. Gillis

Calculations - Permissible Dose Whole Body:

- (A) Permissible Accumulated Dose = 5(1-18) _____
 (B) Total Exposure to Date (from Item 7) _____
 (C) Permissible Dose _____

EX
 EX
 EX

1. Name

C.W. BEATTIE EX. 6

Dept. No. 2104

4371
EX. 6

2. Soc. Sec. No.

Date of Birth:

Age:

Occupational Exposure - Previous History EX. 6

3. Previous Employments
Involving Radiation Exposure.
List Name and Address of
Employer.4. Dates of
Employment
(From-To)5. Periods
of Exposure6. Previous
Whole Body
(REM)7. Dose Hist
Insert Record
or Calculate

UNIVERSITY OF ILLINOIS 1970-1972
 PENN WALT CORP. 1972-1973
 WYETH LABS 1973-1974 (RES.)

8. Type of Training

- Where
TrainedDuration
of TrainingFormal Course
(give title)On the Job
(yes/no)(A) Principles and Practices
of Radiation Protection

UNIV ILLINOIS

1970-1972

YES

(B) Radioactivity Measure-
ment, Monitoring Techn-
iques and Instruments

UNIV. DELAWARE
 UNIV. ILLINOIS
 PENN WALT CORP.
 WYETH LABS

1969-1974

INCLUSIVE

YES

(C) Mathematics Basic to
Use and Measurement
of Radioactivity

DITTO

(D) Biological Effects
of Radiation

9. Experience: (Actual Use of Isotopes)


	Isotope	Amount (uCi)	Location	Duration	Use
(A)	³ H	5 x 10 ³	ABOVE	ABOVE	RADIOCHEMICAL ASSAYS.
(B)	¹⁴ C	several hundred	PENN WALT, WYETH	ABOVE	RADIOCHEMICAL ASSAY.
(C)	¹²⁵ I	several milligrams	UNIV. ILLINOIS	1971-1972	RADIOIMMUNO ASSAY
(D)	¹²⁵ I	> 10 milligrams	WYETH RAD LAB	ABOVE	RADIOIMMUNO ASSAY

10. I certify that the above information is correct and complete to the best of my knowledge and belief.

Date.

9/30/74

Signed:



DO NOT WRITE BEYOND THIS LINE

Calculations - Permissible Dose Whole Body:

- (A) Permissible Accumulated Dose = 5(1-18) _____ REM
 (B) Total Exposure to Date (from Item 7) _____ REM
 (C) Permissible Dose _____ REM

RADIATION TRAINING, EXPERIENCE AND EXPOSURE HISTORY

1. Name Joseph BellDept. No. 2104

EY. 6

2. Soc. Sec. No. [REDACTED]Date of Birth: [REDACTED]Age: [REDACTED]

Occupational Exposure - Previous History

3. Previous Employments
Involving Radiation Exposure.
List Name and Address of
Employer4. Dates of
Employment
(From-To)5. Periods
of Exposure6. Previous
Whole Body
(REM)7. Dose Hist.
Insert Record
or Calculator

Research Tech.. at Children's Hospital 1967-68.

3 mos

7

7

8. Type of Training

Where
TrainedDuration
of TrainingFormal Course
(give title)On the Job
(yes/no)(A) Principles and Practices
of Radiation ProtectionChildren's Hosp
Wyeth

YES

(B) Radioactivity Measure-
ment, Monitoring Tech-
niques and Instruments

Wyeth

5 mos

YES

(C) Mathematics Basic to
Use and Measurement
of Radioactivity

Wyeth

5 mos

YES

(D) Biological Effects
of Radiation

Academic 6 mos

9. Experience: (Actual Use of Isotopes)

	Isotope	Amount (uCi)	Location	Duration	Use
(A)	H^3 (CHILDREN'S)	2.10 MICROCURIES	Wyeth	5 mos	Normalizing Radioimmunoassay
(B)	I^{125}	2.60 MICROCURIES	Radour		
(C)	O^{15}				
(D)					

10. I certify that the above information is correct and complete to the best of my knowledge and belief.

Date: 10/14/74Signed: Joseph Bell

DO NOT WRITE BELOW THIS LINE

Calculations - Permissible Dose Whole Body:

- (A) Permissible Accumulated Dose = 5(R-12) _____ REM
 (B) Total Exposure to Date (from Item 9) _____ REM
 (C) Permissible Dose _____ REM

1. Name MAURICE B. MARTIN Dept. No. 2122 Ex. 6
 2. Soc. Sec. No. [REDACTED] Date of Birth: [REDACTED] Age: [REDACTED]
Ex. 6

Occupational Exposure - Previous History

3. Previous Employments Involving Radiation Exposure. List Name and Address of Employer.	4. Dates of Employment (From-To)	5. Periods of Exposure	6. Previous Whole Body (REM)	7. Dose Hist Insert Recor or Calculate
CHILDREN'S HOSPITAL OF PHILADELPHIA, 34th + SPRUCE PHILA, PA	6/72 - 7/73	DAILY		14 C 3 NO DOSE HISTORY RECORDS
EASTERN PA. PSYCHIATRIC INSTITUTE, HENRY AVE - ROBERTSON DR - PHILA, PA	SUMMER '68 SUMMER '69	DAILY	3 H	NO DOSE HISTORY

8. Type of Training	Where Trained	Duration of Training	Formal Course (give title)	On the Job (yes/no)
(A) Principles and Practices of Radiation Protection	BRUNN MAWR COLLEGE, WYETH	① 3 WKS ② 4/1 hr LECTURES	① GENERAL DISSEMINARY, BIRMINGHAM, ALA.	② YES
(B) Radioactivity Measurement, Monitoring Techniques and Instruments	BRUNN MAWR COLLEGE, WYETH	① SEE ABOVE ② "	① SAME	② YES
(C) Mathematics Basic to Use and Measurement of Radioactivity	BRUNN MAWR COLLEGE, WYETH	① SEE ABOVE ② "	① SAME	② YES
(D) Biological Effects of Radiation	HOWARD UNIVERSITY, WYETH	① 1 WK ② "	① HEALTH & CIVIL DEFENSE	

9. Experience: (Actual Use of Isotopes)

	Isotope	Amount (uCi)	Location	Duration	Use
(A)	¹⁴ C		① CH. OF PHILA MAWR COLLEGE		① HEMATOLOGY, BIRMINGHAM, ALA. COUNTY
(B)	³ H		② DEPT. OF CHEMISTRY, WYETH		② CLINICAL RESEARCH & HEMATOLOGY
(C)	³² P		③ WYETH	1 YEAR	③ CLINICAL RESEARCH & HEMATOLOGY
(D)	³² P		④ BIRMINGHAM	1 DAY	④ BIRMINGHAM, ALA. COUNTY

10. I certify that the above information is correct and complete to the best of my knowledge and belief.

Date: October 1, 1974 Signed: Maurice B. Martin

DO NOT WRITE BELOW THIS LINE

Calculations - Permissible Dose Whole Body:

(A) Permissible Accumulated Dose = 5(N-10)	REM
(B) Total Exposure to Date (from Item 7)	REM
(C) Permissible Dose	REM

RADIATION TRAINING, EXPERIENCE AND EMPLOYMENT HISTORY

1. Name James G. Tracy EX. 4

Dept. No. 2104

2. Soc. Sec. No. [REDACTED]

Date of Birth: [REDACTED] Page [REDACTED]

Occupational Exposure - Previous History

3. Previous Employments Involving Radiation Exposure. List Name and Address of Employer	4. Dates of Employment (From-To)	5. Periods of Exposure	6. Previous Whole Body (REM)	7. Dose History Insert Record or Calculator
<u>None</u>				

8. Type of Training	Where Trained	Duration of Training	Formal Course (give title)	On the Job (yes/no)
<u>None</u>				

(A) Principles and Practices of Radiation Protection

(B) Radioactivity Measurement, Monitoring Techniques and Instruments

(C) Mathematics Basic to Use and Measurement of Radioactivity

(D) Biological Effects of Radiation

9. Experience: (Actual Use of Isotopes) None

Isotope	Amount (uCi)	Location	Duration	Use
(A)				
(B)				
(C)				
(D)				

10. I certify that the above information is correct and complete to the best of my knowledge and belief.

Date: 3/15/74

Signed: James G. Tracy

DO NOT WRITE BELOW THIS LINE

Calculations - Permissible Dose Whole Body:

- (A) Permissible Accumulated Dose = 5(N-10)
- (B) Total Exposure to Date (from item 7)
- (C) Permissible Dose

FLM
FLM
FLM

1. Name Karen M. Koch Dept. No. 2104
 2. Soc. Sec. No. [REDACTED] Date of Birth: [REDACTED] Age: [REDACTED]

Occupational Exposure - Previous History

3. Previous Employments Involving Radiation Exposure. List Name and Address of Employer.	4. Dates of Employment (From-To)	5. Periods of Exposure	6. Previous Whole Body (REM)	7. Dose History Insert Record or Calculated
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Rosemont College
 Wyeth

Jan-May 1968 negligible

Jan 1973 - present

8. Type of Training	Where Trained	Duration of Training	Formal Course (give title)	On the Job (yes/no)
(A) Principles and Practices of Radiation Protection	1 - Rosemont College 2 - Wyeth	1 - 1 Semester	Radiation Biology	1 - No 2 - Yes
(B) Radioactivity Measurement, Monitoring Techniques and Instruments	1 - Rosemont College 2 - Wyeth			
(C) Mathematics Basic to Use and Measurement of Radioactivity	1 - Rosemont College 2 - Wyeth			
(D) Biological Effects of Radiation	1 - Rosemont College 2 - Wyeth			

9. Experience: (Actual Use of Isotopes)

	Isotope	Amount (uCi)	Location	Duration	Use
(A)	I^{125}		C-23		LH Radioimmunoassay
(B)	H^3		C-23		Tyrosine Hydroxylase
(C)					
(D)					

10. I certify that the above information is correct and complete to the best of my knowledge and belief.

Date: Oct 1 1974

Signed: Karen M. Koch

Calculations - Permissible Dose whole body:

- (A) Permissible Accumulated Dose = $5(N-10)$
 (B) Total Exposure to Date (from Item 7)
 (C) Permissible Dose

REM

REM

REM

1. Name Green, W. C. L. E. EX 4 Dept. No. 01-1
 2. Soc. Sec. No. [REDACTED] Date of Birth: [REDACTED] Age: [REDACTED]

Occupational Exposure - Previous History

3. Previous Employments Involving Radiation Exposure. List Name and Address of Employer.	4. Dates of Employment (From-To)	5. Periods of Exposure	6. Previous Whole Body (REM)	7. Dose Hist Insert Record or Calculate
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Brooklyn College Center 12/14/64 - 11/27/72 *Gamma Count Scintillation Counter*
Exposure calculator has less than 100 based on total that 10 to 100 of 100 less than 1000

8. Type of Training	Where Trained	Duration of Training	Formal Course (give title)	On the Job (yes/no)
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(A) Principles and Practices of Radiation Protection

(B) Radioactivity Measurement, Monitoring Techniques and Instruments

(C) Mathematics Basic to Use and Measurement of Radioactivity

(D) Biological Effects of Radiation

Gamma Count Scintillation Counter

9. Experience: (Actual Use of Isotopes)

	Isotope	Amount (uCi)	Location	Duration	Use
(A)	<u>^{137}Cs</u>	<u>12 MC</u>	<u>C-23</u>	<u>11/72 - 11/73</u>	<u>RADICAL DETECTION</u>
(B)	<u>^{137}Cs</u>	<u>12 MC</u>	<u>C-23</u>	<u>12/72 - 1/73</u>	<u>Radioimmunoassay</u>
(C)	<u>^{137}Cs</u>	<u>12 MC</u>	<u>C-23</u>	<u>1/73 - 1/74</u>	<u>Gamma Count</u>
(D)	<u>^{137}Cs</u>	<u>2 MC</u>	<u>C-23</u>	<u>4/73 - 6/74</u>	<u>Gamma Count</u>

10. I certify that the above information is correct and complete to the best of my knowledge and belief.

Date: _____ Signed: _____
 DO NOT WRITE BELOW THIS LINE

Calculations - Permissible Dose Whole body:

(A) Permissible Accumulated Dose = $5(N-18)$ 52710
 (B) Total Exposure to Date (from Item 7) _____
 (C) Permissible Dose _____