

Tomé & Ubiñas Radio
Oncology Center
P.O. Box 70321
San Juan, PR 00936-7921

February 5, 2002

Regional Administrator, Region II
U.S. Nuclear Regulatory Commission
Atlanta Federal Center
61 Forsyth Street, SW, Suite 23185
Atlanta, Georgia 30303-3415

RE: QMP update

Dear Sir or Madam:

The Tomé & Ubiñas Radio Oncology Center would like to make the following changes to our QMP program:

1. Prostate Implant QMP Sheet
2. Radioactive Shipment Receipt Record
3. Written Directive
4. Prostate Seed Inventory Log.

If you have any questions regarding these changes or need any further information, please feel free to contact me at (787) 316-7920.

Sincerely,



David Rhoe
Radiation Safety Officer

TOME AND UBIÑAS RADIO ONCOLOGY**Prostate Implant: QMP Sheet**

Patient: _____ M.D. _____
Implant Date: _____ Implant Type: Primary / Boost
Gleason Score: _____ PSA: _____ Volume: _____
Isotope: I-125 / Pd-103 Dose (in Gy): _____

1. Patient identification verified by TWO methods: _____
2. M.D.'s authorization to order seeds verified: _____
3. # of seeds ordered: _____ on: _____
4. # of seeds received: _____ on: _____
5. Inventory / Log of Radioisotopes updated: _____
6. Seed activity verified: _____
7. # of needles needed & available for this implant: _____
8. Availability of at least 5 lead aprons at O.R. checked: _____
9. Seed loading as per Dose Distribution Plan checked: _____
10. Seed loading second check done (including special needles): _____
11. Needle placement in the Template read as per plan: _____
12. Needle placement in the Template verified: _____
13. # of seeds recovered/unused: _____ and stored for decay/return: _____
14. Planned # of seeds for implant: _____
15. Actual # of seeds implanted: _____
16. Survey meter Model #: _____ Serial #: _____ Calibrated on: _____
17. Post op survey done on: _____ by: _____
Patient at 1m: _____ mR/hr OR post implant: _____ mR/hr Foley Catheter: _____ mR/hr
Recovery: _____ mR/hr Autoclave: _____ mR/hr
18. Written discharge instruction given to patient: _____
19. Isotope Inventory / Log sheet updated: _____ Date: _____
20. Leftover seeds returned on: _____
21. Post implant CT done on: _____
22. Post implant dose distribution plan done on: _____
23. Pre and Post-plan dose distributions agree within acceptable limits: _____
24. M.D. signed pre & post implant dose distribution plans: _____

PHYSICIST: _____

Radioactive Shipment Receipt Record

1. P O Number : _____ Survey Date : _____
Time: _____ Surveyor : _____
 2. Condition of package :
_____ OK
_____ Other (wet, crushed, punctured, etc ...)
Explain : _____

 3. Radiation units of Label: _____
 4. Measured radiation levels : Survey Instrument: _____
 - I. Package surface _____ mR/hr
 - II. 3 feet or 1 meter from surface _____ mR/hr
 5. Do packing slip and vial contents agree?
 - I. Radionuclides (yes / no) _____ difference _____
 - II. Amount (yes / no) _____ difference _____
 - III. Chemical form (yes / no) _____ difference _____
 6. Survey results of packing material and cartoons _____ mR/hr
 7. Disposition of package after inspection : _____

- Signature _____ Date _____

Tome & Ubiñas Radio Oncology Center

Written Directive and Authorization For Ordering Radioactive Materials

Patient Name: _____

Date: _____

Implant Date: _____

Isotope: _____

Number of sources: _____

Source Activity: _____

Prescribed Dose: _____

Supplier: _____

Ordered by: _____

Authorized Physician: _____