



RECEIVED  
REGION 1

'04 DEC 13 P1:18

December 7, 2004

US Nuclear Regulatory Commission, Region II  
475 Allendale Road  
King of Prussia, PA 19406-1415

Gentlemen:

03014390

Re: Amendment to Radioactive Material License No. 47-18046-01

We request an amendment to the above material license for the addition of Dr. Mercedes Ramas, MD, as applicable. Her preceptor has provided a letter to accompany the Preceptor Statement to acknowledge her required training and Board Certification in Diagnostic Radiology by the American Board of Radiology. A copy of her certificate is also enclosed. We are aware she has not met the required cases for the treatment of hyperthyroidism.

In addition, a diagram of a new cardiac scan room and injection area is provided that has replaced the area previously designated as Scan Room 3/OP injection on our facility layout for the license renewal. These new areas are located adjacent to the stress lab and an outpatient waiting area. The lower half of the walls of the scan room next to the waiting area are lined with lead.

Thank you for your attention to this request. If supplemental information is required, please contact Linda Morrison, CNMT, our Nuclear Medicine Supervisor, at 304-256-4126, [Linda.Morrison@HCAHealthcare.com](mailto:Linda.Morrison@HCAHealthcare.com), or fax 304-256-4038.

Sincerely,

  
Karen L. Bowling  
President/Chief Executive Officer

136130

NMSS/RGNI MATERIALS-002

# The American Board of Radiology

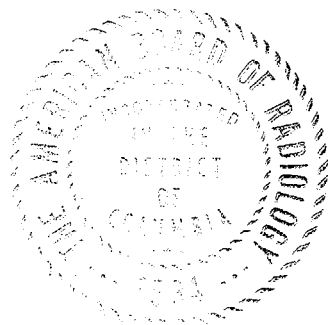
*Organized through the cooperation of the  
American College of Radiology, the American Roentgen Ray Society,  
the American Radium Society, the Radiological Society of North America,  
the Section on Radiology of the American Medical Association,  
the American Society for Therapeutic Radiology and Oncology, the Association of  
University Radiologists, and American Association of Physicists in Medicine*  
Hereby certifies that

**Mercedes E. Ramas, MD**

*Has pursued an accepted course of graduate study  
and clinical work, has met certain standards and qualifications and  
has passed the examinations conducted under the authority of  
The American Board of Radiology*

*On this seventeenth day of May, 2000  
Thereby demonstrating to the satisfaction of the Board  
that she is qualified to practice the specialty of*

**Diagnostic Radiology**



R.P. Hattery, MD  
President

Alan A. Licht, M.D.  
Secretary-Treasurer

M. T. C. , M.D.  
Executive Director



Certificate No. 44389

**MCV Campus**

V i r g i n i a C o m m o n w e a l t h U n i v e r s i t y

# Health System

MCV Hospitals and Physicians

**Department of  
Radiology**  
Division of Nuclear Medicine

1300 East Marshall Street  
P.O. Box 980001  
Richmond, Virginia 23298-0001

804 828-6828  
Fax: 804 828-0275 Scheduling  
Fax: 804 828-4187  
TDD: 1-800-828-1120

**PRECEPTOR STATEMENT****Date: February 11, 2004****To: Raleigh General Hospital****RE: Mercedes Ramas, MD**

**Dr. Mercedes Ramas satisfies the requirements for imaging and localization studies (10 CFR 35.920) by successful completion of the Diagnostic Radiology Residency Training Program at Virginia Commonwealth University's Medical College of Virginia Hospitals from July 1, 1997 through June 30, 2000 and by receiving Board Certification in Diagnostic Radiology by the American Board of Radiology.**

**During her residency training, Dr. Ramas received the required training in the following areas:**

**200 hours of classroom and laboratory training  
500 hours of supervised work experience  
500 hours of supervised clinical experience**

**Experience in radiopharmaceutical preparation and in the use of therapeutic radiopharmaceuticals is documented on the following pages.**

**Sincerely,**

**Paul R. Jolles, MD**  
**Associate Professor of Radiology**  
**Program Director, Nuclear Medicine**

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Melvin J. Frutkin, M.D.  
Chairman

Paul R. Jolles, M.D.  
804 828-7975

Karen Kurdziel, M.D.  
804 827-4984

Jerry I. Hirsch, Pharm.D.  
804 828-8267

Joseph D. Kalen, Ph.D., MSHA  
804 828-1443

Sharon R. Gibbs, BS, CNMT  
Manager  
804 828-4175



EXHIBIT 3  
SUPPLEMENT B

SUPPLEMENT		U. S. NUCLEAR REGULATORY COMMISSION	
PRECEPTOR STATEMENT			
<i>Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.</i>			
<b>1. PROPOSED PHYSICIAN USER'S NAME AND ADDRESS</b> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">FULL NAME</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">STREET ADDRESS</div> <div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 2px;"> <span>CITY</span> <span>STATE</span> <span>ZIP CODE</span> </div>		<b>KEY TO COLUMN C</b> <b>PERSONAL PARTICIPATION SHOULD CONSIST OF:</b> 1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage. 2-Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data. 3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.	
<b>2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN</b>			
ISOTOPE <small>A</small>	CONDITIONS DIAGNOSED OR TREATED <small>B</small>	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION <small>C</small>	COMMENTS <small>(Additional information or documents may be submitted in duplicate on separate sheets.) <small>D</small></small>
X	Thyroid scan		<i>See letter</i>
	Thyroid uptake		
	Lung perfusion scan		
	Xenon ventilation study		
	Aerosol ventilation scan		
	Renal flow scan		
	Brain scan		
	Liver/spleen scan		
	Bone scan		
	Gastroesophageal study		
	LeVeen shunt study		
	Cystogram		
	Dacryocystogram		
	Cardiac perfusion scan.		
	Cardiac stress ventriculogram		
Cardiac Rest ventriculogram			
Gallium scan			

EXHIBIT 3 (Continued)

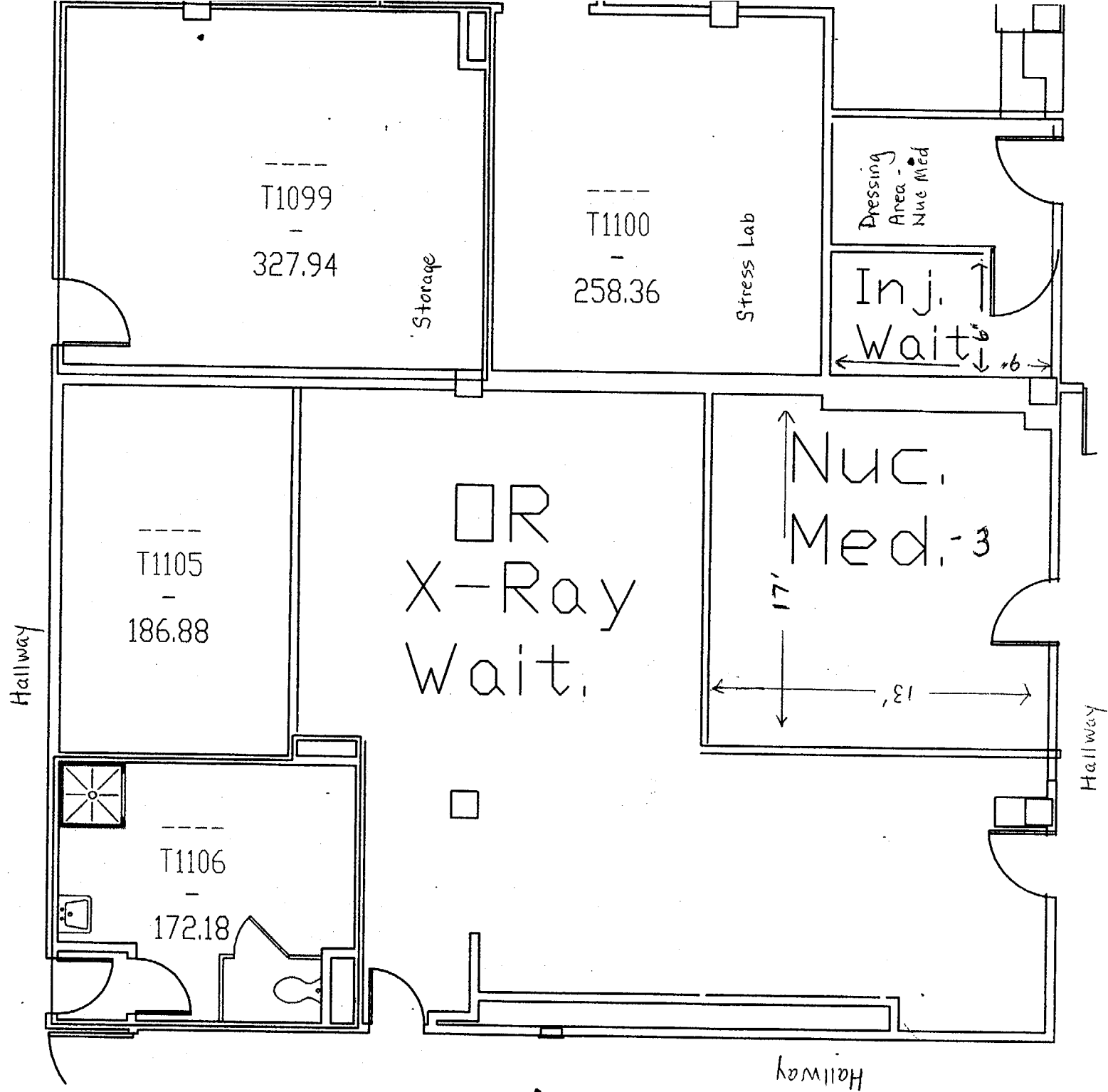
PROPOSED PHYSICIAN USER			
PRECEPTOR STATEMENT (Continued)			
2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)			
ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
P-32 (Colloidal)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM	4	
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR		
Sr-90/ Y-90	GENERATOR		
Tc-99m	REAGENT KITS	10	
Other			

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING		
LOCATION	DATES	CLOCK HOURS OF EXPERIENCE
<i>See letter</i>		

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:		5. PRECEPTOR'S SIGNATURE	
a. NAME OF SUPERVISOR <i>Lakshman Das Nanda, MD</i>		<i>Paul R. Jolles</i>	
b. NAME OF INSTITUTION <i>P.O. Box 980615</i>			
c. MAILING ADDRESS <i>Richmond, VA 23298-0615</i>		7. PRECEPTOR'S NAME (Please type or print) <i>PAUL R. JOLLES, MD</i>	
d. CITY		8. DATE <i>2/13/04</i>	
6. MATERIALS LICENSE NUMBER(S)			



This is to acknowledge the receipt of your letter/application dated

12/7/2004, and to inform you that the initial processing which includes an administrative review has been performed.

☒ AMEND. 47-18046-01  
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 136130.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.



BETWEEN: : (FOR LFMS USE)  
 : INFORMATION FROM LTS  
 : -----  
 :  
 License Fee Management Branch, ARM : Program Code: 02120  
 and : Status Code: 0  
 Regional Licensing Sections : Fee Category: 7C  
 : Exp. Date: 20131130  
 : Fee Comments: CODE 33  
 : Decom Fin Assur Req'd: N  
 ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED  
Applicant/Licensee: RALEIGH GENERAL HOSPITAL  
Received Date: 20041213  
Docket No: 3014390  
Control No.: 136130  
License No.: 47-18046-01  
Action Type: Amendment

2. FEE ATTACHED  
Amount: /  
Check No.: /

3. COMMENTS

Signed M. A. Perkins  
Date 12/15/04

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /\_\_\_/)

1. Fee Category and Amount: \_\_\_\_\_

2. Correct Fee Paid. Application may be processed for:  
Amendment \_\_\_\_\_  
Renewal \_\_\_\_\_  
License \_\_\_\_\_

3. OTHER \_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_  
Date \_\_\_\_\_