



Greater Southeast Community Hospital
1310 Southern Avenue Southeast
Washington, D.C. 20032
(202) 574-6000

December 17, 1984

U.S Nuclear Regulatory Commission
Region I
Material Licensing Branch
Division of Fuel Cycle and Material Safety
631 Park Avenue
King of Prussia, Pennsylvania 19406

RE: License No. 08-11182-01

Gentlemen:

Please amend the above - referenced license to add John B. DeGrazia as an authorized user. Documentation of training and experience is enclosed.

Also enclosed is a check for \$120.00.

If you have any questions, please contact the undersigned for assistance.

Sincerely,

GREATER SOUTHEAST COMMUNITY HOSPITAL

Administrator (or designee)

| | |
|-----------------|------------|
| Applicant | 9063/20/7C |
| Check No. | Amendment |
| Amount Fee | 1/7/85 |
| Type of Fee | Brown |
| Date Check Recd | |
| Received By | |

no refund due
denied

| | |
|------------------|---------|
| RECEIVED BY LFMB | |
| Date.. | 1/7/85 |
| Log.. | Jan 7 I |
| By... | Brown |
| Orig To | |
| Action Compl. | 1/8/85 |

LIC FEE HIGHT. BRANCH

85 JAN -7 AM 26

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"OFFICIAL RECORD COPY"

ML10

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REG1 LIC30
08-11182-01 PDR

DEC 31 1984

PRECEPTOR STATEMENT

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.

| | | |
|-------------------------------------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. APPLICANT PHYSICIAN'S NAME AND ADDRESS | | KEY TO COLUMN C PERSONAL PARTICIPATION SHOULD CONSIST OF: 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. |
| FULL NAME | | |
| STREET ADDRESS | | |
| CITY | STATE | |
| JOHN B DEGRAZIA | | |
| 530 N ST SW | | |
| WASHINGTON | DC | 20024 |

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

| 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 |
|----------------------|---------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| I-131 or I-125 | DIAGNOSIS OF THYROID FUNCTION | 174 | |
| | DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME | 2 | |
| | LIVER FUNCTION STUDIES | 1 | |
| | FAT ABSORPTION STUDIES | — | |
| | KIDNEY FUNCTION STUDIES | 2 | |
| | IN VITRO STUDIES | 21 | |
| OTHER | | | |
| I-125 | DETECTION OF THROMBOSIS | 5 | |
| I-131 | THYROID IMAGING | 122 | |
| P-32 | EYE TUMOR LOCALIZATION | — | |
| Se-75 | PANCREAS IMAGING | — | |
| Yb-169 | CISTERNOGRAPHY | 1 | |
| Xe-133 | BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES | — | |
| OTHER | | | |
| Tc-99m | BRAIN IMAGING | 140 | |
| | CARDIAC IMAGING | 17 | |
| | THYROID IMAGING | — | |
| | SALIVARY GLAND IMAGING | — | |
| | BLOOD POOL IMAGING | 85 | |
| | PLACENTA LOCALIZATION | — | |
| | LIVER AND SPLEEN IMAGING | 300 | |
| | LUNG IMAGING | 114 | |
| | BONE IMAGING | 218 | |
| OTHER | ²⁰¹ Tl-Chloride Heart | 160 | |

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

| | |
|--------------------------------------------------------|--------------------------------------------------------------|
| 1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER | 2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE |
|--------------------------------------------------------|--------------------------------------------------------------|

3. CERTIFICATION

| | | |
|----------------------|---------------|-------------------------------|
| SPECIALTY BOARD A | CATEGORY B | MONTH AND YEAR CERTIFIED C |
| | | |

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

| FIELD OF TRAINING A | LOCATION AND DATE(S) OF TRAINING B | TYPE AND LENGTH OF TRAINING | |
|-----------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------|
| | | LECTURE/ LABORATORY COURSES (Hours) C | SUPERVISED LABORATORY EXPERIENCE (Hours) D |
| a. RADIATION PHYSICS AND INSTRUMENTATION | DEPT. OF RADIOLOGY NYU MEDICAL CENTER NY, NY 10016 | 30 | |
| b. RADIATION PROTECTION | " | 10 | |
| c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY | " | 4 | |
| d. RADIATION BIOLOGY | " | 16 | |
| e. RADIOPHARMACEUTICAL CHEMISTRY | " | 2 | |

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)

| ISOTOPE | MAXIMUM AMOUNT | WHERE EXPERIENCE WAS GAINED | DURATION OF EXPERIENCE | TYPE OF USE |
|-------------------|----------------|-----------------------------|------------------------|-------------|
| ^{99m} Tc | 20mCi | NYU MED CENTER | 3mos | Human |
| ²⁰¹ Tl | 2mCi | " | " | " |
| ⁶⁷ Ga | 5mCi | " | " | " |
| ¹³¹ I | 100μCi | " | " | " |
| ¹²³ I | 100μCi | " | " | " |

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 sheet.) 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 | — | |
| Au-198 | INTRACAVITARY TREATMENT | — | |
| Co-60 or Cs-137 | INTERSTITIAL TREATMENT | — | |
| | INTRACAVITARY TREATMENT | — | |
| I-125 or Ir-192 | INTERSTITIAL TREATMENT | — | |
| Co-60 or Cs-137 | TELETHERAPY TREATMENT | — | |
| Sr-90 | TREATMENT OF EYE DISEASE | — | |
| | RADIOPHARMACEUTICAL PREPARATION | | |
| Mo-99/ Tc-99m | GENERATOR | — | |
| Sn-113/ In-113m | GENERATOR | — | |
| Tc-99m | REAGENT KITS | — | |
| Other 99mTc 94mTc 67Ga | Hepatobiliary Renal Imaging | 12 18 37 | |

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:

a. NAME OF SUPERVISOR

Albert Keegan

b. NAME OF INSTITUTION

NYU Medical Center

c. MAILING ADDRESS

500 First Ave

d. CITY

NYC NY 10016

5. MATERIALS LICENSE NUMBER(S)

8296

6. PRECEPTOR'S SIGNATURE

Albert Keegan

7. PRECEPTOR'S NAME (Please type or print)

Albert Keegan, MD

8. DATE

5/23/84

BETWEEN: William O. Miller, Chief
License Fee Management Branch
Office of Administration

John E. Glenn, Chief
Nuclear Materials Section B
Division of Engineering and
Technical Programs

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: Greater Southeast Community Hospital

Application Dated: 12/17/84

Control No.: 03287

License No.: 08-11182-01

2. FEE ATTACHED

Amount: \$ 120.00

Check No.: 90631

3. COMMENTS

Signed Brandie Platchek

Date 1/2/85

5/31/88
7C

B. LICENSE FEE MANAGEMENT BRANCH

1. Fee Category and Amount: 7C \$120

2. Correct Fee Paid. Application may be processed for:

Amendment ✓

Renewal _____

License _____

Signed Frances Brown

Date 1/7/85

509
1/8/85

MATERIALS DATA "PUT-INDUSTRIAL, MEDICAL, SOURCE/SPECIAL NUCLEAR

A. TYPE OF ACTION AND IDENTIFICATION CODES

| | | | | | | |
|--------------------------------|----------------------------|------------------------------|------|---------------|---------------------|-------------------------------|
| NEW LICENSE | AMENDMENT TO RENEW LICENSE | AMENDMENT TO TERMINATE | VOID | DOCKET NUMBER | MAIL CONTROL NUMBER | CHANGE NAME/ADDRESS ("X" box) |
| 1 NEW LICENSE AND NEW LICENSEE | OTHER AMENDMENT | CLERICAL CHANGE NO AMENDMENT | 4 | 030-17757 | 03398 | |

B. INDICATIVE INFORMATION

| | | |
|----------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| INDIVIDUAL LICENSEES | NAME (Last, First, Middle) | NAME (Last, First, Middle) |
| | NAME (Last, First, Middle) | NAME (Last, First, Middle) |
| | NAME (Last, First, Middle) | NAME (Last, First, Middle) |
| ORGANIZATION | ORGANIZATION NAME (Alphabetic Sequence) XXXXXXXXXXXX Taylor Hospital | |
| LICENSEES | DEPARTMENT OR BUREAU | |
| ADDRESS | BUILDING, STREET | CITY, STATE, ZIP CODE |
| | | Ridley Park PA 19078 |
| 6 | TYPE OF APPLICANT 333 | U.S. GOVERNMENT AGENCY INDIVIDUAL LICENSEE ORGANIZATIONAL LICENSEE |
| | | DATE REQUEST RECEIVED 02/01/85 |
| | | INSTITUTION CODE 16507 |
| | | PENDING PROG. CODE 02/20 |
| | ACTUAL PROG. CODE | |
| | SECONDARY PROGRAM CODES (As required) | |
| | #1 02/21 | #2 #3 #4 #5 |
| 7 | LICENSE NUMBER 37-16507-02 | DATE LICENSE ISSUED OR ACTION COMPLETED APR 30 1985 |
| | | EXPIRATION DATE 10-31-85 |

C. STATISTICAL INFORMATION

| | | | | | |
|------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------|--------------------------|-------------------|
| MEDICAL CATEGORY: | <input checked="" type="checkbox"/> FOR HUMAN USE ONLY | <input type="checkbox"/> FOR HUMAN AND NONHUMAN USE | <input type="checkbox"/> FOR NONHUMAN USE ONLY | | |
| POSSESSION OF THE MATERIAL IS AUTHORIZED IN ONE OF THE FOLLOWING AREAS | | | | | |
| AND/OR IN THE STATE(S), TERRITORY(IES), COUNTRY CHECKED (At right) | <input checked="" type="checkbox"/> SAME AS STATE IN ADDRESS | ALL STATES | | ALL NON-AGREEMENT STATES | |
| | AL ALABAMA | GA GEORGIA | MD MARYLAND | NJ NEW JERSEY | SC SOUTH CAROLINA |
| | AK ALASKA | HI HAWAII | MA MASSACHUSETTS | NM NEW MEXICO | SD SOUTH DAKOTA |
| | AZ ARIZONA | ID IDAHO | MI MICHIGAN | NY NEW YORK | TN TENNESSEE |
| | AR ARKANSAS | IL ILLINOIS | MN MINNESOTA | NC NORTH CAROLINA | TX TEXAS |
| | CA CALIFORNIA | IN INDIANA | MS MISSISSIPPI | ND NORTH DAKOTA | UT UTAH |
| | CO COLORADO | IA IOWA | MO MISSOURI | OH OHIO | VT VERMONT |
| | CT CONNECTICUT | KS KANSAS | MT MONTANA | OK OKLAHOMA | VA VIRGINIA |
| | DE DELAWARE | KY KENTUCKY | NE NEBRASKA | OR OREGON | WA WASHINGTON |
| | DC WASHINGTON DC | LA LOUISIANA | NV NEVADA | PA PENNSYLVANIA | WV WEST VIRGINIA |
| | | | | | CN CANADA |

5/3/85

Glenda

Sorry: This is a food that was processed as an outgoing license. I hoped they were somewhere.

SLT

Processed as "Corrected" Copy.

15 MAY - 8 AM 3:15

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