



THE
COTTAGE HOSPITAL
OF
GROSSE POINTE

159 Kercheval Avenue Grosse Pointe Farms, Michigan 48236 (313) 884-8600

Material Licensing Branch
Division of Fuel Cycle and
Material Safety
United States Nuclear Regulatory Commission
Region III
799 Roosevelt Road
Glen Ellyn, Illinois 60137

Dear Person:

March 22, 1985

780265

The application to renew NRC Byproduct Material License 21-16425-01, which expired on February 28, 1985, was sent January 31, 1985. Attached is the preceptor statement for Tushar S. Parikh, M.D., which were not available when the renewal application was sent in. Dr. Parikh should be added to the NRC license as an authorized user.

A copy of the original letter sent for the license renewal is enclosed.

Thank you for your time.

Sincerely,

David Barker

David Barker, M.D.
Radiation Safety Officer
Department of Radiology
Cottage Hospital
159 Kercheval Avenue
Grosse Pointe Farms, Michigan 48236

RECEIVED

MAR 25 1985

REGION III

MAR 25 1985

8506100479 850531
REG3 LIC30
21-16425-01 PDR

January 31, 1985

United States Nuclear Regulatory Commission
Region III
Material Licensing Branch
799 Roosevelt Road
Glen Ellyn, Illinois 60137

Dear Sir:

Please renew NRC Byproduct Material License 21-16425-01 which expires on February 28, 1985.

We have reviewed our present program and request the following changes:

1. Delete Mehdi Mahmoodzedegan, M.D. as an authorized user.
2. Add the following authorized users:
Pushar Parikh, M.D.
Ramanan S. Venkat, M.D.
Jehan R. Barbat, M.D.

Attached are preceptor statements for each physician.

3. Allow the use of an end-window GM type survey meter for assaying wipe tests. The wipe will be assayed by holding them up to, but not touching the end of the probe. The action level will be: any reading above background will be considered to be contaminated, which then needs to be cleaned up and rewiped.
Bicron Surveyor with an end-window probe
Gamma sensitivity: 2500 cpm/mR/hr
Window thickness: 1.4 to 2 mg/cm²
Efficiency: 30% for Tc-99m
Minimum range: 0 to 0.5 mR/hr
Maximum range: 0 to 50 mR/hr
4. As an alternative to our present procedure, the dose calibrator can be checked for activity linearity with the use of a device called Calicheck from Calcorp. Inc. The manufacturer's instructions for use as revised on March 2, 1982, will be followed. Test results will be recorded and retained for inspection. Corrective action as stated in our license application will be followed if unacceptable linearity is demonstrated.

The person to contact regarding questions is Mr. Ray A. Carlson, Medical Physicist on staff at (313) 494-7364.

Enclosed is our check in the amount of \$580.00.

Sincerely,

8506100469

package dupe

(8-78)

**TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER**

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

TUSHAR S. PARIKH, M.D.

2. STATE OR TERRITORY IN
WHICH LICENSED TO
PRACTICE MEDICINE

MICHIGAN

3. CERTIFICATION

SPECIALTY BOARD
ACATEGORY
BMONTH AND YEAR CERTIFIED
C

Diagnostic Radiology

Eligible

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	Methodist Hospital, Brooklyn, N.Y.	120	24
b. RADIATION PROTECTION	Methodist Hospital, Brooklyn N.Y.	35	25
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	Methodist Hospital, Brooklyn N.Y.	25	10
d. RADIATION BIOLOGY	Methodist Hospital, Brooklyn N.Y.	40	10
e. RADIOPHARMACEUTICAL CHEMISTRY	Methodist Hospital, Brooklyn N.Y.	60	30

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

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
Tc 99m	200 μ Ci	Methodist Hospital	Six months	For Diagnostic Nuclear medicine
I 131	2 μ Ci	Dept. of Nuclear Medicine		
I 123	2 μ Ci	506, 6th St.		
Thallium	20 μ Ci	BROOKLYN, NY 11215		
Ga 67	50 μ Ci			
Veron 133	100 μ Ci			

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	3	
	TREATMENT OF HYPERTHYROIDISM	3	
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	5	
Sr-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	5	
Other			

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

650 hrs.

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

a. NAME OF SUPERVISOR

DAVID C. YANG M.D.

b. NAME OF INSTITUTION

The Methodist Hospital

c. MAILING ADDRESS

506 6th St. Brooklyn

d. CITY

New York 11215

e. MATERIALS LICENSE NUMBER(S)

54-3

5. PRECEPTOR'S SIGNATURE

David C. Yang M.D.

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

DAVID C. YANG M.D.

8. DATE

2/28/85

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

FULL NAME

TUSHAR S. PARIKH, M.D.

STREET ADDRESS

682, S. RENAUD

CITY

GROSSE PTE. WOODS

STATE

MI

ZIP CODE

48236

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.

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	500	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	11	
	LIVER FUNCTION STUDIES	30	
	FAT ABSORPTION STUDIES	—	
	KIDNEY FUNCTION STUDIES	—	
	IN VITRO STUDIES	250	
OTHER	Gallium Scans	47	
I-125	DETECTION OF THROMBOSIS	—	
I-131	THYROID IMAGING	30	
P-32	EYE TUMOR LOCALIZATION	—	
Se-75	PANCREAS IMAGING	3	
Yb-169	CISTERNOGRAPHY	8	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	126	
OTHER			
Tc-99m	BRAIN IMAGING	279	
	CARDIAC IMAGING	138	
	THYROID IMAGING	92	
	SALIVARY GLAND IMAGING	—	
	BLOOD POOL IMAGING	10	
	PLACENTA LOCALIZATION	—	
	LIVER AND SPLEEN IMAGING	250	
	LUNG IMAGING	234	
	BONE IMAGING	200	
OTHER			