

ASSOCIATES IN RADIOLOGY, INC.

DIAGNOSTIC RADIOLOGY — NUCLEAR MEDICINE — DIAGNOSTIC ULTRASOUND

HITCHCOCK CENTER - 1027 BOARDMAN-CANFIELD ROAD - YOUNGSTOWN, OHIO 44512

Doctor's Office: 758-0851 — Business Office: 758-8353

J. C. Meinick, M.D.
A. Hafiz, M.D.
L. E. Slusher, M.D.
R. W. Jackson, M.D.
V. A. Raval, M.D.
B. N. Krishnasetty, M.D.

May 9, 1985

Nuclear Regulatory Commission
799 Roosevelt Road
Glenellyn, Illinois 60137

Associates In Radiology, Inc.
1027 Boardman-Canfield Road
Youngstown, Ohio 44512
License Number 34-16621-01

THE
Applicant: *May 4, 1985*
Check No. *16305.8128*
Amount: *75*
Type of Fee: *amend*
Date Check Rec'd: *5/12/85*
Received By: *B*

Dear Sirs:

We wish to ammend our license number 34-16621-01, the reasons being:

1. The additions of:
 - a. Dr. Kolli M. Prasad currently licensed under #34-01026-01
Youngstown Hospital Association
420 Oak Hill Avenue
Youngstown, Ohio 44502
for groups I, II, III, IV
 - b. Dr. Bhoopalam N. Krishnasetty currently licensed under
#34-01026-01
Youngstown Hospital Association
420 Oak Hill Avenue
Youngstown, Ohio 44502
for groups I, II, III, IV
 - c. Dr. Adele M. Lipari currently licensed under #37-01146-03
Jamison Memorial Hospital
Department of Radiology and Pathology
222 West Leisure Avenue
New Castle, PA 16101
for groups I, II, III, and I131 for Hyperthyroid Treatment

RECEIVED

MAY 13 1985

REGION III

MAY 13 1985

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REG3 LIC30
34-16621-01 PDR

CONTROL NO. 78939

ASSOCIATES IN RADIOLOGY, INC.

DIAGNOSTIC RADIOLOGY — NUCLEAR MEDICINE — DIAGNOSTIC ULTRASOUND

HITCHCOCK CENTER - 1027 BOARDMAN-CANFIELD ROAD - YOUNGSTOWN, OHIO 44512

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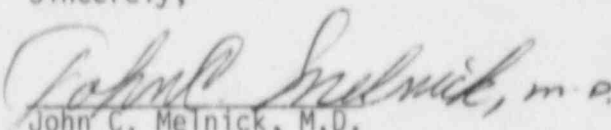

J. C. Melnick, M.D.
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B. N. Krishnasetty, M.D.

2. Enclosed Preceptor Statement for the addition of I131 for Hyperthyroidism Treatment for the following physician:
 - a. Dr. Vikram A. Raval currently licensed under #34-16621-01
Associates In Radiology, Inc.
1027 Boardman-Canfield Road
Youngstown, Ohio 44512
3. Enclosed Preceptor Statement for the addition of Group IV for the following physician:
 - a. Dr. Abdul Hafiz currently licensed under #34-16621-01
Associates In Radiology, Inc.
1027 Boardman-Canfield Road
Youngstown, Ohio 44512
4. Termination of the following physician:
 - a. Dr. Lloyd E. Slusher currently licensed under #34-16621-01
Associates In Radiology, Inc.
1027 Boardman-Canfield Road
Youngstown, Ohio 44512

Please send us a notification of our acceptance of this ammendment as soon as possible. Enclosed is the \$120.00 ammendment fee.

Thank you for your time and consideration.

Sincerely,


John C. Melnick, M.D.

Janet Sainato, R.T.

JCM:js/rd

enc:

cc: John C. Melnick, M.D.
Janet Sainato, R.T.

CONTROL NO. 7 8 9 3 9

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	
FULL NAME		PERSONAL PARTICIPATION SHOULD CONSIST OF:	
Dr. Vikram A. Raval		1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.	
1027 Boardman-Canfield Road		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.	
STREET ADDRESS		3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.	
Youngstown	Ohio	44512	
CITY	STATE	ZIP CODE	

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN			
ISOTOPE	CONDITIONS DIAGNOSED OR TREATED	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION	COMMENTS
A	B	C	D (Additional information or comments may be submitted in duplicate on separate sheets.)
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION		
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME		
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES		
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING		
P-32	EYE TUMOR LOCALIZATION		
Se-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES		
OTHER			
Tc-99m	BRAIN IMAGING		
	CARDIAC IMAGING		
	THYROID IMAGING		
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING		
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING		
	LUNG IMAGING		
BONE IMAGING			
OTHER			

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	18	
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
	TELETHERAPY TREATMENT		
Co-60 or Cs-137	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mn-59/ Tc-99m	GENERATOR		
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS		
Other			
3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING			
Listed in previous preceptor statement			
4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:		5. PRECEPTOR'S SIGNATURE	
a. NAME OF SUPERVISOR		John C. Snelnick, D.	
b. NAME OF INSTITUTION			
c. MAILING ADDRESS			
d. CITY			
5. MATERIALS LICENSE NUMBER(S)		7. PRECEPTOR'S NAME (Please type or print)	
		8. DATE	

FORM NRC-313M-SUPPLEMENT B
(8-78)

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 Dr. Abdul Hafiz
1027 Boardman-Canfield Road
STREET ADDRESS
Youngstown Ohio 44512
CITY STATE ZIP CODE

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		
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME		
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES		
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING		
P-32	EYE TUMOR LOCALIZATION		
Se-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES		
OTHER			
Tc-99m	BRAIN IMAGING		
	CARDIAC IMAGING		
	THYROID IMAGING		
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING		
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING		
	LUNG IMAGING		
	BONE IMAGING		
OTHER			

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	20	
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	TELE THERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR		
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS		
Other P32	Treatment of polycythemia vera		

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

Listed in previous preceptor statement

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:	5. PRECEPTOR'S SIGNATURE
a. NAME OF SUPERVISOR John C. Melnick, M.D.	<i>John C. Melnick, M.D.</i>
b. NAME OF INSTITUTION Associates In Radiology, Inc.	7. PRECEPTOR'S NAME (Please type or print) John C. Melnick, M.D.
c. MAILING ADDRESS 1027 Boardman-Canfield Road	1027 Boardman-Canfield Road
d. CITY Youngstown, Ohio 44512	Youngstown, Ohio 44512
8. DATE	
5. MATERIALS LICENSE NUMBER(S) #34-16621-01	5/10/85

FORM NRC-313M-SUPPLEMENT B
(8-78)