



March 15, 1985

U.S. Nuclear Regulatory Commission
Radioisotopes Licensing Section
Region III
799 Roosevelt Road
Glen Ellyn, Illinois 60137

RE: Amendment to License #24-00752-01

Gentlemen:

We request amendment to our license #24-00752-01 for the following item:

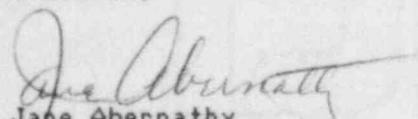
ADD Jaime Toro, M.D. as a physician user to our license. We request his authorization for all applicable procedures listed on our license. Dr. Toro's training and preceptor statements are attached for your reference.

Enclosed is our check in the amount of \$120 for processing this amendment application.

We look forward to receiving this amendment document as soon as possible.

Thank you.

Sincerely


Jane Abernathy
Administrator

:vmf

Enclosures

Applicant	APR 28
Check No.	88260
Amount	\$120
Type of Fee	AMEND
Date Check Rec'd	4/22/85
Received By	EB

8506100789 850522
REQ3 LIC30
24-00752-01 PDR

CONTROL NO. 78729

RECEIVED
APR 15 1985
REGION III

APR 15 1985

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER James W. Fletcher, M.D.	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE Mo.
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3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
Nuclear Medicine cert AB NuM		May 1972

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	FDH 7/82 VA 5/83 VA 5/84 FDH 8/82 VA 6/83 VA 4/83 VA 4/84	100	25	
b. RADIATION PROTECTION	VA 4/83 VA 4/84 VA 5/83 FDH 6/83	30	5	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	FDH 7/82 VA 5/83 FDH 8/82 VA 6/83 VA 4/83	25		
d. RADIATION BIOLOGY	FDH 7/82 VA 5/83 FDH 8/82 VA 6/83 VA 4/83 VA 4/84	25		
e. RADIOPHARMACEUTICAL CHEMISTRY	FDH 7/82 VA 5/83 FDH 8/82 FDH 6/83 VA 4/83 VA 4/84	30	10	

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
* See Supplement B				

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

Jaime Toro M.D.

STREET ADDRESS

1830 Stone Canyon Circle

CITY

St. Louis

STATE

Missouri

ZIP CODE

63011

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	8	Ronalds - 68 testicular - 3 Sodium - 6 Ind WBC - 3
	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	14	
P-32	EYE TUMOR LOCALIZATION		
Se-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY	3	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES		
OTHER			
Tc-99m	BRAIN IMAGING	95	
	CARDIAC IMAGING	171	
	THYROID IMAGING	15	
	SALIVARY GLAND IMAGING	1	
	BLOOD POOL IMAGING	-	
	PLACENTA LOCALIZATION	-	
	LIVER AND SPLEEN IMAGING	99	
	LUNG IMAGING	63	
	BONE IMAGING	189	
OTHER	Dishida - 11		

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		
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
	TELE THERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	9	
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	23	
Other			

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

3 months/40 hours/week
Total = 480 hours

April - June, 1983

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

a. NAME OF SUPERVISOR

James W. Fletcher, M.D.

b. NAME OF INSTITUTION

VA Medical Center

c. MAILING ADDRESS

915 North Grand Boulevard

d. CITY

St. Louis, Missouri 63106

5. MATERIALS LICENSE NUMBER(S)

21-00144-05

6. PRECEPTOR'S SIGNATURE

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

JAMES W. FLETCHER, M.D.

8. DATE

August 21, 1984