

COMPTON HILL MEDICAL CENTER

1755 South Grand Blvd. • St. Louis, Missouri 63104 • 314/771-0500

May 14, 1981

D.G. Wiedeman, Acting Chief
Materials Radiation Protection, Section 1
United States
Nuclear Regulatory Commission
Region III
799 Roosevelt Road
Glen Ellyn, Illinois 60137

Re: License No. 24-18870-01

Dear Mr. Wiedeman,

Enclosed are copies of a letter to Dr. Cooper requesting Dr. Barton's and Dr. Ozmat's name being added to our license.

In addition to the above step, we are implementing policies and procedures that will allow qualified and trained nuclear medicine technicians to do dose administration.

I further affirm under oath all documents supplied to you are factual and all statements are true.

In the future, please forward all correspondence to the attention of Howard Goldstein, Associate Administrator. He has all information relative to our survey.

Thank you for your consideration.

Sincerely,

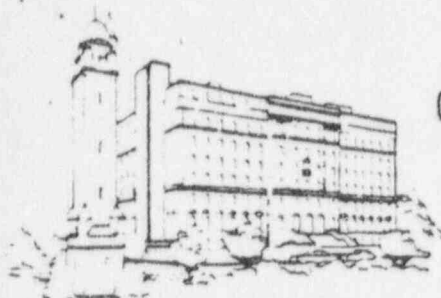
Amy S. Freeman White, R.N.

Amy S. Freeman White, R.N.
Administrative Assistant/
Director of Patient Care

AFW:kb

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COMPTON HILL MEDICAL CENTER

1755 South Grand Blvd. • St. Louis, Missouri 63104 • 314/771-0500

May 14, 1981

Dr. J. Cooper
Licensing Department
United States
Nuclear Regulatory Commission
Region III
799 Roosevelt Road
Glen Ellyn, Illinois 60137

Re: License No. 24-18870-01

Dear Dr. Cooper,

Enclosed are the two (2) physician applicants that we are requesting to be added to our current license number 24-18870-01.

We wish to continue to leave Dr. T. Reh and Dr. P. Moolsintong on the license.

Please forward any future correspondence or inquiries to Howard Goldstein, Associate Administrator.

Thank you for your consideration.

Sincerely,

Amy S. Freeman White, en

Amy S. Freeman White, R.N.
Administrative Assistant/
Director of Patient Care

AFW:kb
Enclosures

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 Orhan Ozmat, M.D.		
STREET ADDRESS Compton Hill Medical Center 1755 South Grand		
CITY St. Louis	STATE Mo.	

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 sheet.) 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		
Sr-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES		
OTHER			
Tc-99m	BRAIN IMAGING	45	
	CARDIAC IMAGING	30	
	THYROID IMAGING	40	
	SALIVARY GLAND IMAGING	2	
	BLOOD POOL IMAGING	15	
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	40	
	LUNG IMAGING	35	
	BONE IMAGING	35	
OTHER	Renal	4	

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 (Ga-67)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA AND BONE METASTASES		
P-32 (Co-60)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM		
As-76	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or I-125	INTERSTITIAL TREATMENT		
Co-60 or Cs-137	TELE THERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99 Tc-99m	GENERATOR	10	
Sr-90 Y-90	GENERATOR		
Tc-99m	REAGENT KITS	10	
Other			

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

The applicant (Dr. Ozmat) has fulfilled approximately 225 hours of training in basic radioisotope and 600 hours of supervised clinical training and experience with types and quantities of radioisotope materials during the period of Jan. 1979 until June 1980.

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

a. NAME OF SUPERVISOR

JOHN L. BIRCHER, M.D.

b. NAME OF INSTITUTION

ST. ANTHONY'S MEDICAL CENTER

c. MAILING ADDRESS

10010 KENNERLY RD

d. CITY

ST LOUIS, MO. 63128

e. MATERIALS LICENSE NUMBER(S)

24-01041-04

f. PRECEPTOR'S SIGNATURE

[Signature]

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

JOHN L. BIRCHER, M.D.

8. DATE

MARCH 2, 1981

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

PREMSRI TAVIR BARTON

STREET ADDRESS

COMPTON HILL MEDICAL CENTER

1755 So. GRAND BLVD.

CITY

ST. LOUIS

Mo. 63104

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.)
I-131 I-125	DIAGNOSIS OF THYROID FUNCTION	10	
	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	5	
I-131	THYROID IMAGING		
P-32	EYE TUMOR LOCALIZATION		
Sr-75	PANCREAS IMAGING	5	
Te-126	CISTERNOGRAPHY	20	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES		
OTHER		40	
Tc-99m	BRAIN IMAGING	30	
	CARDIAC IMAGING	50	
	THYROID IMAGING	3	
	SALIVARY GLAND IMAGING	15	
	BLOOD POOL IMAGING		
	PLACENTA LOCALIZATION	50	
	LIVER AND SPLEEN IMAGING	40	
	LUNG IMAGING	20	
	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 comment may be submitted in duplicate on separate sheet.) D
P-32 (Sodium)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA AND BONE METASTASES		
P-32 (Cobalt-60)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA TREATMENT OF HYPERTHYROIDISM		
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT INTRACAVITARY TREATMENT		
Ir-192 or Co-60 or Cs-137	INTERSTITIAL TREATMENT TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	10	
Sr-90/ Y-90	GENERATOR		
Tc-99m	REAGENT KITS	10	
Other			

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

The applicant (Dr. Barton) has fulfilled approximately 250 hours of training in basic radioisotope and 600 hours of supervised clinical training and experience with types and quantities of radioisotope materials during the period of Jan. 1979 until June 1980.

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

1. NAME OF SUPERVISOR
JOHN L. BURCHER, M.D.
2. NAME OF INSTITUTION
ST. LOUIS CITY HOSPITAL
3. MAILING ADDRESS
1515 LAFAYETTE AVE
4. CITY
ST. LOUIS, MO. 63104

5. PRECEPTOR'S SIGNATURE

JOHN L. BURCHER, M.D.
7. PRECEPTOR'S NAME (Please type or print)
JOHN L. BURCHER, M.D.

8. DATE
FEB. 18, 1981

5. MATERIALS LICENSE NUMBER(S)

24-00061-04