



**FORKOSH
MEMORIAL
HOSPITAL**

A SUBSIDIARY OF NATIONAL MEDICAL ENTERPRISES, INC.

May 2, 1985

Mr. James Muhlauser
United States Nuclear Regulatory Commission
Region III
799 Roosevelt Rd.
Glen Ellyn, IL 60137

Re: License #12-12112-01
Control #18348

Dear Mr. Muhlauser:

We are submitting the revisions in question per your phone conversation with Mr. Joseph Recendez. We hope that the enclosed will complete the application for our Materials License renewal.

We also request that Dr. Mandel Horwitz be removed from Group IV of the license. As of this writing, we are also following the NRC ALARA guidelines according to 10.8-57 - Appendix O. If there are any questions please contact me at 267-200, Ext. 271.

Respectlly yours,

Louis Sidney, R.T.
Administrative Technician

LS:kh

Enclosure

RECEIVED
MAY 06 1985
REGION III

8505280203 850508
REG3 LIC30
12-12112-01 PDR

MAY 6 1985

PERSONNEL TRAINING PROGRAM

The Nuclear Medicine Department personnel consists of a Nuclear Medicine technologist and a registered radiologic technologist, as a back-up.

The Nuclear Medicine technologist is registered with the American Registry of Radiologic Technologist in Nuclear Medicine. The Nuclear Medicine technologist has completed approved courses in Nuclear Medicine including nuclear science, clinical nuclear medicine, all safety procedures and potential hazards with radioactive material. He has attended in-service training programs applicable to the use of radioactive material. This includes department set up, pertinent NCR regulations, rules and terms of the license, obligation to report unsafe conditions, appropriate responses to unsafe conditions, and the right to be informed of their radiation exposures.

The Nuclear Medicine Department personnel will wear film badges and ring badges.

Housekeeping, whether escorted or not, enter the Nuclear Medicine Department under the supervision of the Nuclear Medicine technologist. They are informed of the potential hazards of radioactivity.

Security personnel are informed to report unsafe conditions. Security does no handling of radiopharmaceuticals because all incoming packages are delivered by the nuclear pharmacy directly to the hot lab. Security will contact the Radiation Safety Officer if any incoming packages appear damaged.

The above ancillary personnel are trained in these matters initially when employed and annually thereafter.

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PROCEDURES FOR OPENING PACKAGES CONTAINING RADIOACTIVE MATERIAL

1. All radiopharmaceuticals come to the Department from a nuclear pharmacy (Syncor) in precalibrated doses. Each suitcase is visually inspected for any sign of damage. If damage is noted procedure stops and the Radiation Safety Officer is notified.
2. Measure exposure rate at 3 feet from package surface and record. If > 10 mR/hr stop procedure and notify the Radiation Safety Officer.
3. Measure surface exposure rate and records. If > 200 mR/hr stop procedure and notify the Radiation Safety Officer.
4. Put on gloves.
5. A wipe is taken of the individual dose container, then surveyed and recorded with each incoming delivery.
6. After survey of incoming doses as stated above, all precalibrated doses are logged as to number, type, and condition.
7. Each dose is visually inspected, checked in the dose calibrator, and compared to the label before injection.
8. At end of each day, all syringes, bottles, capsules, (used or unused) are returned to the radiopharmacy.
9. There is no packing material to deal with.
10. There is very little waste to deal with since everything is returned to the pharmacy.
11. All radiation labels are obliterated before discarded in waste.

*Syncor NCR license #12-19333-01 MD

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TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1 NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER Dr. CURRIS POOT	2 STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE
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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	Loyola Univ. Med. Center October and November 1982 and July 1983	133	
b. RADIATION PROTECTION	"	40	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	"	28	
d. RADIATION BIOLOGY	"	44	
e. RADIOPHARMACEUTICAL CHEMISTRY	"	40	

5. EXPERIENCE WITH RADIATION. (Actual use of Radl isotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
Tc-99m	25 mCi	Loyola Univ. Med. Ctr.	3 mos.	Bone, Lung, Brain, Liver, Blood Pool & Thyroid
Xe-133	20 mCi	"	"	Lung
I-131	150 mCi	"	"	Thyroid, Ca Rx, Renal Function
I-125	100 uCi	"	"	Deep Vein Thrombosis
In-111	500 uCi	"	"	Cisternography
Tl-201	2 mCi	"	"	Infarct Heart

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		<p>KEY TO COLUMN C</p> <p>PERSONAL PARTICIPATION SHOULD CONSIST OF:</p> <p>1-Supervised examination of patients to determine the suitability for radiisotope diagnosis and/or treatment and recommendation for prescribed dosage.</p> <p>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.</p> <p>3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.</p>
FULL NAME		
Dr. Curtis Poor		
STREET ADDRESS		
CITY	STATE	ZIP CODE

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

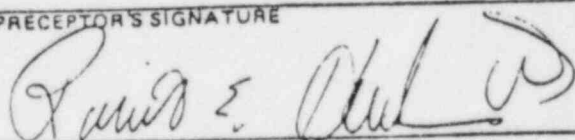
ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION	201	<p>Muga 198</p> <p>Stress Muga 16</p> <p>Stress/Rest Thallium 168</p> <p>Drug Heart Study 21</p>
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	2	
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES		
	IN VITRO STUDIES Total	1,761	
OTHER			
I-125	DETECTION OF THROMBOSIS		
X-131	THYROID IMAGING	30	
P-32	EYE TUMOR LOCALIZATION		
Se-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY		
Xe-133	XEROGRAPHY OF LUNGS AND PULMONARY FUNCTION STUDIES	18	
OTHER			
Tc-99m	BRAIN IMAGING	27	
	CARDIAC IMAGING Infarct	54	
	THYROID IMAGING	39	
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING		
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	174	
	LUNG IMAGING	84	
	BONE IMAGING	201	
OTHER	Gallium Scan	114	

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 (Colloid)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA	2	
	TREATMENT OF HYPERTHYROIDISM	6	
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		
Mo-99/ Tc-99m	GENERATOR		
Sn-113/ In-113m	GENERATOR	5	
Tc-99m	REAGENT KITS		
Other	99mTc Sulfur Colloid " Microsphere " DTPA " MDP " Glucoheptonate PYP)))) 80)) Hours	

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

October and November 1982 and July 1983 = 500 hours

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:		5. PRECEPTOR'S SIGNATURE 	
a. NAME OF SUPERVISOR Robert E. Henkin, M.D.		7. PRECEPTOR'S NAME (Please type or print) Robert E. Henkin, M.D. Director, Nuclear Medicine	
b. NAME OF INSTITUTION Loyola University Medical Center			
c. MAILING ADDRESS 2160 South First Avenue			
d. CITY Maywood, IL 60153			
5. MATERIALS LICENSE NUMBER(S) NRC 12-11355-04		8. DATE May 11, 1984	

CONVERSATION RECORD

TIME

DATE

2 pm

4/22/85

TYPE

☐ VISIT

☐ CONFERENCE

☒ TELEPHONE

☐ INCOMING

☒ OUTGOING

ROUTING

NAME/SYMBOL

INT

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

ORGANIZATION (Office, dept., bureau, etc.)

TELEPHONE NO.

Joe Becender

Nuc Med Dept 267-2200

SUBJECT

Ref phone call.

SUMMARY

Joe stated the following

- 1) Leave by knowing on the license No Group IV OK
- 2) Joe will send receipt for As. Pass OK
- 3) Auth I-131 Tx only instead of Group IV OK
- 4) No Gen wanted OK
- 5) Lett will state training initially annually OK
- 6) Lett will state wipe tests on packages will be performed & records OK
- 7) Add App O Alava OK

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

ACTION TAKEN

SIGNATURE

TITLE

DATE