



GOOD
SAMARITAN
MEDICAL CENTER

Deaconess Hospital Campus

620 North 19th Street
Milwaukee, Wisconsin 53233
414/933-9600

KENNETH S. JAMRON,
F.A.C.H.A.
President

November 16, 1984

Nuclear Regulatory Commission
Region III
799 Roosevelt Road
Glen Ellyn, Illinois 60137

Gentlemen:

RECEIVED BY *LM*
Date *12/7/84*
To *Rec 5*
By *P*
Orig. To *P*
Action Compl. *CP*

U.S. N.R.C.
LIC-FEE UNIT BRANCH

84 DEC -7 PM 2:41

RECEIVED

Applicant
Check No. *17782-18023*
Amount Fee Category *\$120*
Type of Fee *7C and*
Date *12/7/84*
Received By *P*

We would like to amend our license, #48-00988-04 in the following manner:

1. Please add Dr. John Whalen, M.D. and Dr. Purushotham Veluvolu, M.D. under groups I, II, III, IV, V, Xe-133, and In Vitro studies.

2. Dr. Paul H. Goldstein, M.D. will only administer Sr-90 eye therapy.

The manufacturer of the Sr-90 therapy device that will be used is Tracerlab, Inc. Its model number is 213.

Upon receipt of the Sr-90 applicator, the package will be inspected and surveyed in the same manner that would be done on any other package received here.

Film badges will be supplied by R. S. Landauer, Inc. Dr. Goldstein will wear a total body badge and a ring badge. These will be changed on a monthly basis.

The rules outline in Enclosure 2 concerning rules for safely handling Sr-90 will be followed.

The ALARA program as presently implemented here will be followed by all people involved with the Sr-90 therapy.

Proper credentials and a copy of the license to practice medicine in the state of Wisconsin is enclosed for each physician.

The appropriate fee for this amendment is enclosed.

Sincerely,

Edward Meyers

Edward Meyers, Manager
Nuclear Medicine
Good Samaritan Medical Center

8507240368 850621
REG LIC30
48-00988-04 PDR

RECEIVED

NOV 28 1984

REGION III

CONTROL NO. 77875



State of Wisconsin
DEPARTMENT OF REGULATION AND LICENSING
COMMITTED TO EQUAL OPPORTUNITY IN EMPLOYMENT AND LICENSING
MEDICAL EXAMINING BOARD

Activity

MEDICINE AND SURGERY

No. **15009**

Expires **DEC 31, 1985**

PAUL H GOLDSTEIN MD
2040 W WISCONSIN AVE
MILWAUKEE WI 53233

NRC FORM 313M

(9-81)

10 CFR 35

U.S. NUCLEAR REGULATORY COMMISSION

APPLICATION FOR MATERIALS LICENSE — MEDICAL

Approved by OMB

3150-0041

Expires 9-30-83

INSTRUCTIONS — Complete Items 1 through 26 if this is an initial application or an application for renewal of a license. Use supplemental sheets where necessary. Item 26 must be completed on all applications and signed. Retain one copy. Submit original and one copy of entire application to: Director, Office of Nuclear Materials Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555. Upon approval of this application, the applicant will receive a Materials License. An NRC Materials License is issued in accordance with the general requirements contained in Title 10, Code of Federal Regulations, Part 30, and the Licensee is subject to Title 10, Code of Federal Regulations, Parts 19, 20 and 35 and the license fee provision of Title 10, Code of Federal Regulations, Part 170. The license fee category should be stated in Item 26 and the appropriate fee enclosed.

1.a. NAME AND MAILING ADDRESS OF APPLICANT (institution, firm, clinic, physician, etc.) INCLUDE ZIP CODE

TELEPHONE NO.: AREA CODE () _____

1.b. STREET ADDRESS(ES) AT WHICH RADIOACTIVE MATERIAL WILL BE USED (If different from 1.a.) INCLUDE ZIP CODE

2. PERSON TO CONTACT REGARDING THIS APPLICATION

TELEPHONE NO.: AREA CODE () _____

3. THIS IS AN APPLICATION FOR: (Check appropriate item)

a. ☐ NEW LICENSEb. ☐ AMENDMENT TO LICENSE NO. _____c. ☐ RENEWAL OF LICENSE NO. _____

4. INDIVIDUAL USERS (Name individuals who will use or directly supervise use of radioactive material. Complete Supplements A and B for each individual.)

5. RADIATION SAFETY OFFICER (RSO) (Name of person designated as radiation safety officer. If other than individual user, complete resume of training and experience as in Supplement A.)

6.a. RADIOACTIVE MATERIAL FOR MEDICAL USE

RADIOACTIVE MATERIAL LISTED IN:	ITEMS DESIRED "X"	MAXIMUM POSSESSION LIMITS (In millicuries)	ADDITIONAL ITEMS:	MARK ITEMS DESIRED "X"	MAXIMUM POSSESSION LIMITS (In millicuries)
10 CFR 31.11 FOR IN VITRO STUDIES			IODINE-131 AS IODIDE FOR TREATMENT OF HYPERTHYROIDISM		
10 CFR 35.100, SCHEDULE A, GROUP I		AS NEEDED	PHOSPHORUS-32 AS SOLUBLE PHOSPHATE FOR TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA AND BONE METASTASES		
10 CFR 35.100, SCHEDULE A, GROUP II		AS NEEDED	PHOSPHORUS-32 AS COLLOIDAL CHROMIC PHOSPHATE FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.		
10 CFR 35.100, SCHEDULE A, GROUP III			GOLD-198 AS COLLOID FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.		
10 CFR 35.100, SCHEDULE A, GROUP IV		AS NEEDED	IODINE-131 AS IODIDE FOR TREATMENT OF THYROID CARCINOMA		
10 CFR 35.100, SCHEDULE A, GROUP V		AS NEEDED	XENON-133 AS GAS OR GAS IN SALINE FOR BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES.		
10 CFR 35.100, SCHEDULE A, GROUP VI					

6.b. RADIOACTIVE MATERIAL FOR USES NOT LISTED IN ITEM 6.a. (Sealed sources up to 3 mCi used for calibration and reference standards are authorized under Section 35.14(d), 10 CFR Part 35, and NEED NOT BE LISTED.)

ELEMENT AND MASS NUMBER	CHEMICAL AND/OR PHYSICAL FORM	MAXIMUM NUMBER OF MILLICURIES OF EACH FORM	DESCRIBE PURPOSE OF USE

NRC FORM 313M

(9-81)

INFORMATION REQUIRED FOR ITEMS 7 THROUGH 23

For Items 7 through 23, check the appropriate box(es) and submit a detailed description of all the requested information. Begin each item on a separate sheet. Identify the item number and the date of the application in the lower right corner of each page. If you indicate that an appendix to the medical licensing guide will be followed, do not submit the pages, but specify the revision number and date of the referenced guide: Regulatory Guide 10.8, Rev. _____ Date: _____

7. MEDICAL ISOTOPES COMMITTEE		15. GENERAL RULES FOR THE SAFE USE OF RADIOACTIVE MATERIAL <i>(Check One)</i>	
<input type="checkbox"/>	Names and Specialties Attached; and	<input type="checkbox"/>	Appendix G Rules Followed; or
<input type="checkbox"/>	Duties as in Appendix B; or _____ <i>(Check One)</i>	<input type="checkbox"/>	Equivalent Rules Attached
<input type="checkbox"/>	Equivalent Duties Attached	16. EMERGENCY PROCEDURES <i>(Check One)</i>	
8. TRAINING AND EXPERIENCE		<input type="checkbox"/>	Appendix H Procedures Followed; or
<input type="checkbox"/>	Supplements A & B Attached for Each Individual User; and	<input type="checkbox"/>	Equivalent Procedures Attached
<input type="checkbox"/>	Supplement A Attached for RSO.	17. AREA SURVEY PROCEDURES <i>(Check One)</i>	
9. INSTRUMENTATION <i>(Check One)</i>		<input type="checkbox"/>	Appendix I Procedures Followed; or
<input type="checkbox"/>	Appendix C Form Attached; or	<input type="checkbox"/>	Equivalent Procedures Attached
<input type="checkbox"/>	List by Name and Model Number	18. WASTE DISPOSAL <i>(Check One)</i>	
10. CALIBRATION OF INSTRUMENTS		<input type="checkbox"/>	Appendix J Form Attached; or
<input type="checkbox"/>	Appendix D Procedures Followed for Survey Instruments; or _____ <i>(Check One)</i>	<input type="checkbox"/>	Equivalent Information Attached
<input type="checkbox"/>	Equivalent Procedures Attached; and	19. THERAPEUTIC USE OF RADIOPHARMACEUTICALS <i>(Check One)</i>	
<input type="checkbox"/>	Appendix D Procedures Followed for Dose Calibrator; or _____ <i>(Check One)</i>	<input type="checkbox"/>	Appendix K Procedures Followed; or
<input type="checkbox"/>	Equivalent Procedures Attached	<input type="checkbox"/>	Equivalent Procedures Attached
11. FACILITIES AND EQUIPMENT		20. THERAPEUTIC USE OF SEALED SOURCES	
<input type="checkbox"/>	Description and Diagram Attached	<input type="checkbox"/>	Detailed Information Attached; and
12. PERSONNEL TRAINING PROGRAM		<input type="checkbox"/>	Appendix L Procedures Followed; or _____ <i>(Check One)</i>
<input type="checkbox"/>	Description of Training Attached	<input type="checkbox"/>	Equivalent Procedures Attached
13. PROCEDURES FOR ORDERING AND RECEIVING RADIOACTIVE MATERIAL		21. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE GASES (e.g., Xenon - 133)	
<input type="checkbox"/>	Detailed Information Attached	<input type="checkbox"/>	Detailed Information Attached
14. PROCEDURES FOR SAFELY OPENING PACKAGES CONTAINING RADIOACTIVE MATERIALS <i>(Check One)</i>		22. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL IN ANIMALS	
<input type="checkbox"/>	Appendix F Procedures Followed; or	<input type="checkbox"/>	Detailed Information Attached
<input type="checkbox"/>	Equivalent Procedures Attached	23. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL SPECIFIED IN ITEM 6.b	
<input type="checkbox"/>		<input type="checkbox"/>	Detailed Information Attached

24. PERSONNEL MONITORING DEVICES

TYPE <small>(Check appropriate box)</small>		SUPPLIER	EXCHANGE FREQUENCY
a. WHOLE BODY	FILM		
	TLD		
	OTHER <i>(Specify)</i>		
b. FINGER	FILM		
	TLD		
	OTHER <i>(Specify)</i>		
c. WRIST	FILM		
	TLD		
	OTHER <i>(Specify)</i>		

d. OTHER *(Specify)*

25. FOR PRIVATE PRACTICE APPLICANTS ONLY

a. HOSPITAL AGREEING TO ACCEPT PATIENTS CONTAINING RADIOACTIVE MATERIAL

NAME OF HOSPITAL			b. ATTACH A COPY OF THE AGREEMENT LETTER SIGNED BY THE HOSPITAL ADMINISTRATOR.	
MAILING ADDRESS				
CITY	STATE	ZIP CODE		
			c. WHEN REQUESTING THERAPY PROCEDURES, ATTACH A COPY OF RADIATION SAFETY PRECAU- TIONS TO BE TAKEN AND LIST AVAILABLE RADIATION DETECTION INSTRUMENTS.	

26. CERTIFICATE

(This item must be completed by applicant)

The applicant and any official executing this certificate on behalf of the applicant named in Item 1a certify that this application is prepared in conformity with Title 10, Code of Federal Regulations, Parts 30 and 35, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

a. LICENSE FEE REQUIRED <i>(See Section 170.31, 10 CFR 170)</i>	b. APPLICANT OR CERTIFYING OFFICIAL <i>(Signature)</i>
	(1) NAME <i>(Type of Print)</i>
(1) LICENSE FEE CATEGORY:	(2) TITLE
(2) LICENSE FEE ENCLOSED: \$ _____	c. DATE

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the Nuclear Regulatory Commission on NRC Form 313M. This information is maintained in a system of records designated as NRC-3 and described at 40 Federal Register 45334 (October 1, 1975).

1. **AUTHORITY** Sections 81 and 161(b) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2111 and 2201(b)).
2. **PRINCIPAL PURPOSE(S)** The information is evaluated by the NRC staff pursuant to the criteria set forth in 10 CFR Parts 30-36 to determine whether the application meets the requirements of the Atomic Energy Act of 1954, as amended, and the Commission's regulations, for the issuance of a radioactive material license or amendment thereof.
3. **ROUTINE USES** The information may be used: (a) to provide records to State health departments for their information and use; and (b) to provide information to Federal, State, and local health officials and other persons in the event of incident or exposure, for their information, investigation, and protection of the public health and safety. The information may also be disclosed to appropriate Federal, State, and local agencies in the event that the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, or local agency to the extent relevant and necessary for a NRC decision or to an appropriate Federal agency to the extent relevant and necessary for that agency's decision about you. A copy of the license issued will routinely be placed in the NRC's Public Document Room, 1717 H Street, N.W., Washington, D.C.
4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION** Disclosure of the requested information is voluntary. If the requested information is not furnished, however, the application for radioactive material license, or amendment thereof, will not be processed.
5. **SYSTEM MANAGER(S) AND ADDRESS** Director, Division of Fuel Cycle and Material Safety, Office of Nuclear Material Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555.

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER		2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE		
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 <i>(Hours)</i> C	SUPERVISED LABORATORY EXPERIENCE <i>(Hours)</i> D	
a. RADIATION PHYSICS AND INSTRUMENTATION				
b. RADIATION PROTECTION				
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY				
d. RADIATION BIOLOGY				
e. RADIOPHARMACEUTICAL CHEMISTRY				
5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE

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

Paul H. Goldstein, M. D.

STREET ADDRESS

2040 West Wisconsin Avenue

CITY

STATE

ZIP CODE

Milwaukee

WI

53233

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		
Sr-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		
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE	100 cases	
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ 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

October 1962 to April 1964
50 hours

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

a. NAME OF SUPERVISOR

Samuel Pollack, M. D.

b. NAME OF INSTITUTION

Cook County Hospital

c. MAILING ADDRESS

1853 West Harrison Street

d. CITY

Chicago, Illinois

5. MATERIALS LICENSE NUMBER(S)

6. PRECEPTOR'S SIGNATURE

Samuel Pollack, M.D.

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

Samuel Pollack, M. D.
4711 Golf Road Suite 710
Skokie, Ill. 60076

8. DATE

9-18-84

CONTROL NO. 77875

**The Medical College of Wisconsin
Affiliated Hospitals
Milwaukee, Wisconsin**

This is to certify that

Purushotham Beluolu, M.D.

**has faithfully completed the prescribed program of
experience and study as Resident in
Nuclear Medicine**

**from July 1, 1981 to June 30, 1983
at Veterans Administration Hospital
and Milwaukee County Medical Complex**

Edward J. Leman M.D.
Dean, The Medical College of Wisconsin


B. David Collins, M.D.
Director of Nuclear Medicine




James E. Gopher M.D.
Professor and Chairman, Department of Radiology,
The Medical College of Wisconsin

CONTROL NO. 77875

CONTROL NO. 2822

	State of Wisconsin DEPARTMENT OF REGULATION AND LICENSING
MEDICAL EXAMINING BOARD MEDICINE AND SURGERY	
No.	Expires
21162	DEC 31, 1985
JOHN PATRICK WHALEN MD	
2526 N 124TH ST APT 227 WAUWATOSA WI 53226	
The named person has complied with Wisconsin Statutes and is authorized to engage in the practice indicated.	
Signature of Licensee	

	State of Wisconsin DEPARTMENT OF REGULATION AND LICENSING COMMITTED TO EQUAL OPPORTUNITY IN EMPLOYMENT AND LICENSING
MEDICAL EXAMINING BOARD MEDICINE AND SURGERY	
No.	Expires
26066	12/31/85
Purushotham Veluvolu, MBBS	
336 N 75th St, #11 Milwaukee, WI 53213	
The named person has complied with Wisconsin Statutes and is authorized to engage in the practice indicated.	
Signature of Licensee	

CURRICULUM VITAE

JOHN PATRICK WHALEN, M.D.

DATE & PLACE OF BIRTH:

November 1, 1950
Charleston, Illinois

AGE:

32

MARITAL STATUS:

Single

ADDRESS:

Current
2526 N. 124th Street #227
Wauwatosa, Wisconsin 53226

Permanent
1540 Third Street
Charleston, Illinois 61920

TELEPHONE:

Business: 414-257-5968
Home: 414-475-1813

EDUCATION:

Bachelor of Science
University of Notre Dame
Notre Dame, Indiana 46556

Doctor of Medicine
University of Illinois
College of Medicine
Chicago, Illinois 60680

Internship & Residency
Department of Pathology
University of Wisconsin Hospitals
Madison, Wisconsin 53792

Residency (to be completed) January 1, 1984
Division of Nuclear Medicine
Department of Radiology
Medical College of Wisconsin &
Affiliated Hospitals
Milwaukee, Wisconsin 53226

**The Medical College of Wisconsin
Affiliated Hospitals
Milwaukee, Wisconsin**

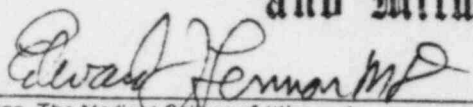
This is to certify that

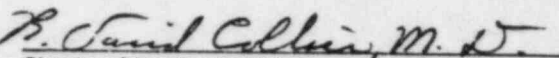
John Patrick Whalen, M.D.

**has faithfully completed the prescribed program of
experience and study as Resident in
Nuclear Medicine**

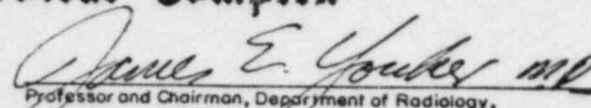
from Jan. 1, 1981 to Dec. 31, 1983

**at Veterans Administration Hospital
and Milwaukee County Medical Complex**


Dean, The Medical College of Wisconsin


Director of Nuclear Medicine




Professor and Chairman, Department of Radiology,
The Medical College of Wisconsin