

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

B. David Collier, M.D.
c/o Good Samaritan Medical Center
Department of Nuclear Medicine
2000 W. Kilbourn, Milwaukee WI 53233
TELEPHONE NO.: AREA CODE (414) 344-8800

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

Family Health Plan
Edgerton Health Center
6901 W. Edgerton Avenue
Milwaukee, WI 53220

2. PERSON TO CONTACT REGARDING THIS APPLICATION

B. David Collier, M.D.
TELEPHONE NO.: AREA CODE (414) 344-8800

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

a. ☒ NEW LICENSE

b. ☐ 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.)

Please see attachment 313M
Item 4

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.)

B. David Collier, Jr., M.D.

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	X	3mCi	IODINE-131 AS IODIDE FOR TREATMENT OF HYPERTHYROIDISM	X	29
10 CFR 35.100, SCHEDULE A, GROUP I	X	AS NEEDED	PHOSPHORUS-32 AS SOLUBLE PHOSPHATE FOR TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA AND BONE METASTASES		
10 CFR 35.100, SCHEDULE A, GROUP II	X	AS NEEDED	PHOSPHORUS-32 AS COLLOIDAL CHROMIC PHOSPHATE FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.		
10 CFR 35.100, SCHEDULE A, GROUP III	X	3Ci	GOLD-198 AS COLLOID FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.		
10 CFR 35.100, SCHEDULE A, GROUP IV	X	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
Cobalt 57	Sealed in Plastic	5 mCi	Camera quality control

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8507240375 850621
REG3 LIC30
48-00988-04 PDR

CONTROL NO. 78147

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 (Check One)	
<input type="checkbox"/>	Names and Specialties Attached; and	<input checked="" type="checkbox"/>	Appendix G Rules Followed; or
<input type="checkbox"/>	Duties as in Appendix B; or	<input type="checkbox"/>	Equivalent Rules Attached
<input checked="" type="checkbox"/>	Equivalent Duties Attached (Check One)	16. EMERGENCY PROCEDURES (Check One)	
8. TRAINING AND EXPERIENCE		<input checked="" 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 (Check One)	
9. INSTRUMENTATION (Check One)		<input checked="" type="checkbox"/>	Appendix I Procedures Followed; or
<input type="checkbox"/>	Appendix C Form Attached; or	<input type="checkbox"/>	Equivalent Procedures Attached
<input checked="" type="checkbox"/>	List by Name and Model Number	18. WASTE DISPOSAL (Check One)	
10. CALIBRATION OF INSTRUMENTS		<input checked="" type="checkbox"/>	Appendix J Form Attached; or
<input type="checkbox"/>	Appendix D Procedures Followed for Survey Instruments; or	<input type="checkbox"/>	Equivalent Information Attached
<input checked="" type="checkbox"/>	Equivalent Procedures Attached; and (Check One)	19. THERAPEUTIC USE OF RADIOPHARMACEUTICALS (Check One)	
<input type="checkbox"/>	Appendix D Procedures Followed for Dose Calibrator; or	<input type="checkbox"/>	Appendix K Procedures Followed; or
<input checked="" type="checkbox"/>	Equivalent Procedures Attached (Check One)	<input checked="" type="checkbox"/>	Equivalent Procedures Attached
11. FACILITIES AND EQUIPMENT		20. THERAPEUTIC USE OF SEALED SOURCES	
<input checked="" type="checkbox"/>	Description and Diagram Attached	<input checked="" type="checkbox"/>	Detailed Information Attached; and
12. PERSONNEL TRAINING PROGRAM		<input checked="" type="checkbox"/>	Appendix L Procedures Followed; or (Check One)
<input checked="" type="checkbox"/>	Description of Training Attached	<input checked="" 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 checked="" type="checkbox"/>	Detailed Information Attached	<input checked="" type="checkbox"/>	Detailed Information Attached
14. PROCEDURES FOR SAFELY OPENING PACKAGES CONTAINING RADIOACTIVE MATERIALS (Check One)		22. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL IN ANIMALS	
<input checked="" type="checkbox"/>	Appendix F Procedures Followed; or	<input checked="" 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 checked="" type="checkbox"/>	Detailed Information Attached

24. PERSONNEL MONITORING DEVICES

TYPE (Check appropriate box)		SUPPLIER	EXCHANGE FREQUENCY
a. WHOLE BODY	<input checked="" type="checkbox"/> FILM	R.S. Landauer, Jr. & Co.	Monthly
	<input type="checkbox"/> TLD		
	<input type="checkbox"/> OTHER (Specify)		
b. FINGER	<input type="checkbox"/> FILM		
	<input checked="" type="checkbox"/> TLD	R.S. Landauer, Jr. & Co.	Monthly
	<input type="checkbox"/> OTHER (Specify)		
c. WRIST	<input type="checkbox"/> FILM		
	<input type="checkbox"/> TLD		
	<input type="checkbox"/> OTHER (Specify)		

d. OTHER (Specify) Based on the radionuclides and procedures to be used, the use of pocket dosimeters and bio-assay services are considered not applicable for Groups I, II, & III. For radionuclide therapy procedures, we confirm that I-131 will be used in capsule form rather than liquid. Should administration of I-131 in liquid form ever be deemed medically necessary, we would limit personnel attending the dose administration to a minimum and rotate such personnel if more than one case is performed in a year. A 24 hr. thyroid uptake would be performed on all personnel attending such a case and the results reviewed with them. It should be stressed that any liquid I-131 therapy dose administrations would be exceptional cases and would not exceed two (2) cases per year. Prior to the first I-131 liquid therapy case we would perform, we would obtain a glove box in which to open the liquid dose and subsequently maintain this box in our hot lab. Personnel will be instructed by the R.S.O. about the volatile nature of the liquid I-131 and exceptional precautions to be taken in its handling.

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

Ref: NRC 313M - Item 4
Individual Users

Individual users:

B. David Collier, Jr., M.D.

John P. Whalen, M.D.

Roland C. Brown, M.D.

William J. Pier, M.D.

Purushotham Veluvolu, M.D.

All purposed users are currently on license 48-00988-04 and please reference that license for credentials.