

PUBLIC  
030-29063

Wayne State University

**DMC** Huron Valley  
Hospital

*Em*  
*10/2/96*

September 25, 1996

U.S. Nuclear Regulatory Commission  
Region III  
Materials Licensing  
801 Warrenville Road  
Lisle, Illinois 60532-4351

Dear Sirs:

We wish to file this letter of notification as per 10 CFR 35.14 for our Materials License 21-24652-01 with respect to our list of authorized users.

**Add: Ronald Sparschu, M.D.** for authorized use as noted in 10 CFR 35.100 and 35.200. A copy of Dr. Sparschu's board certification dated 10 December 1990 is enclosed for your review as required. Also, note Control No. 301435 and see additional information sent forth in this request. Dr. Sparschu's preceptor statements only indicate his training at Harper Hospital in Detroit, Michigan. He also trained at Grace Hospital in Detroit, Michigan in 1989, and at the Veterans Administration Hospital in Allen Park, Michigan in 1990. No records are available from the 2 previous mentioned institutions. He has completed the minimum six months of training in Nuclear Radiology.

**Delete: Robert Weinfeld, M.D.**

Since this a notification as per 10 CFR 35.14, we understand that there is no applicable fee.

Sincerely,

*Craig Schantz*

Craig Schantz, RT, BS  
Administrative Director  
Department of Radiology & Medical Imaging

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PDR ADOCK 03029063  
C PDR

150129

*Pm: 9-26-96*

RECEIVED  
SEP 30 1996  
REGION III

SEP 30 1996



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*31*  
*DH*

## 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

RONALD A. SPARSCHU, MD

STREET ADDRESS

29171 BIRCHCREST  
CITY

STATE ZIP CODE

WARREN

MI

48093

## 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	-	I-123
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	1	Cr-51
	LIVER FUNCTION STUDIES	-	Tc-99m DISIDA
	FAT ABSORPTION STUDIES	-	
	KIDNEY FUNCTION STUDIES	38	I-131 Hipp
	IN VITRO STUDIES	-	
OTHER	Liver Function Studies	39	Tc-99m DISIDA - Biliary Scan
I-125	DETECTION OF THROMBOSIS	3	
I-131	THYROID IMAGING	46	I-123 - Uptake & Scan
P-32	EYE TUMOR LOCALIZATION	-	
Sr-75	PANCREAS IMAGING	-	
Yb-169	CISTERNOGRAPHY	5	In-111 DTPA
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	122	Tc-99m DTPA Aerosol
OTHER	Kidney Imaging	38	Tc-99m DTPA
Tc-99m	BRAIN IMAGING	2	Tc-99m GH
	CARDIAC IMAGING	6	Tc-99m PYP
	THYROID IMAGING	-	
	SALIVARY GLAND IMAGING	-	
	BLOOD POOL IMAGING	-	Tc-99m GH, Tc-99m, Tc-99m DTPA, Tc-99m SC
	PLACENTA LOCALIZATION	-	
	LIVER AND SPLEEN IMAGING	43	Tc-99m SC
	LUNG IMAGING	122	Tc-99m MAA
	BONE IMAGING	617	Tc-99m MDP
			Tc-99m RBC
OTHER	Cardiac Function Studies MUCA	85	

# 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	1			
P-32 (Colloid)	INTRACAVITARY TREATMENT	-			
I-131	TREATMENT OF THYROID CARCINOMA	1			
	TREATMENT OF HYPERTHYROIDISM	2			
Au-198	INTRACAVITARY TREATMENT	-			
Co-60 or Co-137	INTERSTITIAL TREATMENT	-			
	INTRACAVITARY TREATMENT	-			
I-125 or Ir-192	INTERSTITIAL TREATMENT	-			
Co-60 or Co-137	TELETHERAPY TREATMENT	-			
Sr-90	TREATMENT OF EYE DISEASE	-			
	RADIOPHARMACEUTICAL PREPARATION	-			
Mo-99/ Tc-99m	GENERATOR	10			
Sr-90/ In-113m	GENERATOR	-	-	Tc-99m ATSC	Lymphoscintigraphy
Tc-99m	REAGENT KITS	10	17	In-111 WBC	Inflammation Imaging
Ga-67	Soft Tissue Imaging	51	9	Tl-201, Tc-99m	Parathyroid
Tl-201	Myocardial Imaging	215	19	Tc-99m RBC	GI Bleeding
Co-57	Schillings	16	14	Tc-99m SC	Esophageal Transit
Ga-153	Bone Densitometry	3	3	Tc-99m SC	Gastric Emptying
Tc-99m	Scrotal	1	-	Tc-99m	Dactoscintigraphy
Tc-99m	Venogram	6	4	I-131	Total Body Mets Scan

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

TRAINING PERIOD: APRIL 1-30, 1988 (21 DAYS X 8 HRS) = 168 HRS  
 MAY 1-31, 1988 (21 DAYS X 8 HRS) = 168 HRS  
 JUNE 1-30, 1988 (13 DAYS X 8 HRS) = 104 HRS  
 TOTAL 440 HRS

VACATION = 5 DAYS (6/24, 27-30/88)  
 SICK = 2 DAYS (6/6, 13/88)

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

A. NAME OF SUPERVISOR

Jaroslav Muz, MD

B. NAME OF INSTITUTION

Harper-Grace Hospitals, Harper Division

C. MAILING ADDRESS

3990 John R

D. CITY

Detroit

MI

48201

E. MATERIALS LICENSE NUMBER(S)

21-04127-02

## 5. PRECEPTOR'S SIGNATURE

*Jaroslav Muz, MD*

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

Jaroslav Muz, MD, Director  
Residency Program in Nuclear Radiology  
Clinical Associate Professor of Radiology  
Wayne State University School of Medicine

8. DATE

October 21, 1988

# The American Radium Institute

Organized through the cooperation of the  
American College of Radiology, the American Roentgen Ray Society,  
the American Radium Society, the Radiological Society of North America,  
the Section on Radiology of the American Medical Association,  
the American Society for Therapeutic Radiology and Oncology,  
and the Association of University Radiologists  
Hereby certifies that

**Ronald A. Sparschu, M.D.**

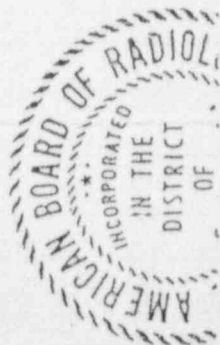
Has pursued an accepted course of graduate study  
and clinical work, has met certain standards and qualifications and  
has passed the examinations conducted under the authority of

The American Board of Radiology

On this tenth day of December, 1930

Thereby demonstrating to the satisfaction of the Board  
that he is qualified to practice the specialty of

Diagnostic Radiology



*Sandra L. Sees*

SANDRA L. SEES  
NOTARY PUBLIC - WAYNE COUNTY, MICH.  
MY COMMISSION EXPIRES 11-20-34

I attest that this is  
true copy of the origi  
document.





7/1/86

Training Initiated (Mo., Day, Yr.)

6/30/90

Training Terminated (Mo., Day, Yr.)

Breakdown of time spent in each category of training:

(INCLUDE ALL ASSIGNMENTS FROM INITIATION TO TERMINATION OF TRAINING)

7/1-8/31/86	Gastrointestinal Radiology, Harper Hospital
9/1-30/86	Chest Radiology, Harper Hospital
10/1-31/86	Genitourinary Radiology, Harper Hospital
11/1-30/86	Bone Radiology, Harper Hospital
12/1-31/86	Genitourinary Radiology, Harper Hospital
1/1-31/87	Gastrointestinal Radiology, Detroit Receiving Hospital
2/1-28/87	Bone Radiology, Harper Hospital
3/1-31/87	Cardiovascular Radiology, Harper Hospital
4/1-30/87	Ultrasound, Children's Hospital of Michigan
5/1-31/87	Computed Tomography, Harper Hospital
6/1-30/87	Chest Radiology, Harper Hospital
7/1-31/87	Gastrointestinal Radiology, Detroit Receiving Hospital
8/1-31/87	Emergency Radiology, Detroit Receiving Hospital
9/1-30/87	Chest Radiology, Harper Hospital
10/1-12/31/87	Neuroradiology, Harper Hospital
1/1-31/88	Ultrasound, Hutzel Hospital
2/1-28/88	Emergency Radiology, Detroit Receiving Hospital
3/1-31/88	Nuclear Radiology, Harper Hospital
4/1-30/88	Neuroradiology, Harper Hospital
5/1-31/88	Genitourinary/Bone Radiology, Harper Hospital
6/1-30/88	Pediatric Radiology, Children's Hospital of Michigan
7/1-31/88	Angiography, Veterans Administration Hospital
8/1-30/88	Chest Radiology, Veterans Administration Hospital
9/1-10/31/88	Computed Tomography/Ultrasound, Detroit Receiving Hospital
11/1-30/88	Emergency Radiology, Detroit Receiving Hospital
12/1-31/88	Computed Tomography/Ultrasound, Grace Division
1/1-31/89	Gastrointestinal Radiology, Grace Division
2/1-28/89	Nuclear Radiology, Grace Division
3/1-31/89	Diagnostic Radiology, Grace Division
4/1-30/89	
5/1-31/89	
6/1-30/89	

Dr. Sparschu's schedule for the final year of training has not yet been finalized. However, he is scheduled to attend the AFIP for a six week period of time.

I attest that this candidate has had or will have had a minimum of six (6) months of training in Nuclear Radiology during the training period.

  
Program Director.

NAME Ronald Spascha, M.D.

YEAR	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	YEAR	JAN.	FEB.	MAR.	APR.	MAY.	JUNE
1986	GI	GI	CH	GU	BN	GU	1987	GI	BN	CV	US	CT	CH
	Harper							DRH	Harper		CHM	Harper	

1987	GI	ER	CH	NR	NR	NR	1988	US	ER	GI	NM	NM	NM
	DRH	DRH	Harper					Hutzel	DRH	Harper			

1988	NR	GU/BN	Ped	Ped	Angio	CH	1989	CT/US	ER	CT/US	GI	NM	NM
	Harper		CHM		VA			DRH		Drace			

1989	GI	PED	MRI	M/US	ER	IVL	1990	MRI	PED	CV	NM	NM	CT/US
	Harper	CHM	Harper	Hutzel	DRH	Harper			CHM	Harper	VA	A71P4-10 → DRH 5/26	

DATE: 10-2-96

CORRESPONDENCE CLARIFICATION SHEET

REVIEWER: John Madera  
LICENSEE: HURON VALLEY  
LICENSE NUMBER: 21-24652-01

The following correspondence has been received from the above licensee and it is not clear what action(s) is(are) required: Please review this correspondence and indicate which of the following applies, and please return to Debbie Hersey, as soon as possible.

☐ Additional Information to Control No. \_\_\_\_\_.  
Process in as a new action, additional information, and no fee required.

☐ Process as new licensing action. Review has already been started on Control No. \_\_\_\_\_ and this information cannot be combined with current in-house action.

☐ Can be combined with Control No. \_\_\_\_\_. Review has not been started.

☒ Appears to be a(n) Notification file - it.

☐ Appears to be information for the license file - file it.

☐ Licensee is adding Nuclear Pharmacists.  
Amendment is necessary \_\_\_\_\_. Amendment is not necessary \_\_\_\_\_.  
(Information for license file)

☒ Licensee is adding authorized users.  
A check is included \_\_\_\_\_. No check is included ☒.  
Amendment is necessary \_\_\_\_\_. Amendment is not necessary \_\_\_\_\_.  
(Information for the license file)

☐ Other: \_\_\_\_\_

Thank You For Your Help!!!

02/02/95