

APPLICATION FOR MATERIAL LICENSE

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND APPLICATION TO THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

FEDERAL AGENCIES FILE APPLICATIONS WITH:

U.S. NUCLEAR REGULATORY COMMISSION
DIVISION OF FUEL CYCLE AND MATERIAL SAFETY - M55
WASHINGTON, DC 20555

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS, IF YOU ARE LOCATED IN:

CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, MAINE, MARYLAND, MASSACHUSETTS, NEW JERSEY, NEW YORK, PENNSYLVANIA, RHODE ISLAND, OR VERMONT, SEND APPLICATIONS TO

U.S. NUCLEAR REGULATORY COMMISSION, REGION
NUCLEAR MATERIAL SECTION B
631 PARK AVENUE
KING OF PRUSSIA, PA 19406

ALABAMA, FLORIDA, GEORGIA, KENTUCKY, MISSISSIPPI, NORTH CAROLINA, PUERTO RICO, SOUTH CAROLINA, TENNESSEE, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION, REGION II
MATERIAL RADIATION PROTECTION SECTION
101 MARIETTA STREET, SUITE 2900
ATLANTA, GA 30323

IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, WISCONSIN, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION, REGION I
MATERIALS LICENSING SECTION
799 ROOSEVELT ROAD
GLEN ELLY, IL 60137

ARKANSAS, COLORADO, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, SOUTH DAKOTA, TEXAS, UTAH, OR WYOMING, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION, REGION IV
MATERIAL RADIATION PROTECTION SECTION
611 RYAN PLAZA DRIVE, SUITE 1900
ARLINGTON, TX 76010

ALASKA, ARIZONA, CALIFORNIA, HAWAII, NEVADA, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, OHIO, PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION, REGION V
MATERIAL RADIATION PROTECTION SECTION
1450 MARIA LANE, SUITE 210
WALNUT CREEK, CA 94596

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTION.

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

- ☐ A. NEW LICENSE
- ☐ B. AMENDMENT TO LICENSE NUMBER
- ☒ C. RENEWAL OF LICENSE NUMBER 34-18884-01

2. NAME AND MAILING ADDRESS OF APPLICANT (Include Zip Code):

TAMMY L. NEWMAN
BROWN COUNTY GENERAL HOSPITAL
425 HOME STREET
GEORGETOWN, OHIO 45121

3. ADDRESS(ES) WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED:

BROWN COUNTY GENERAL HOSPITAL
425 HOME STREET
GEORGETOWN, OHIO 45121

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION:

TAMMY L. NEWMAN, JULIE ANN FARRELL MD, KATHY FULTZ 513-378-6121

SUBMIT ITEMS 5 THROUGH 11 ON 8 1/2 x 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

5. RADIOACTIVE MATERIAL:

a. Element and mass number, b. chemical and/or physical form, and c. maximum amount which will be possessed at any one time.

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE:

9. FACILITIES AND EQUIPMENT:

8507150063 850621
REG3 LIC30
34-18884-01 PDR

11. WASTE MANAGEMENT:

6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED:

8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREA:

10. RADIATION SAFETY PROGRAM:

12. LICENSEE FEES (See 10 CFR 170 and Section 170.35):
FEE CATEGORY County Hospital AMOUNT ENCLOSED \$

13. CERTIFICATION (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35 AND 40 AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948, 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

SIGNATURE—CERTIFYING OFFICER

TYPED/PRINTED NAME

TITLE

DATE

Robert E. Burkett

ROBERT E. BURKETT

ASSISTANT ADMINISTRATOR

2-28-85

14. ANNUAL RECEIPTS:

<\$250K	\$1M-3.5M
\$250K-500K	\$3.5M-7M
\$500K-750K	\$7M-10M
\$750K-1M	>\$10M

b. NUMBER OF EMPLOYEES (Total for entire facility excluding outside contractors):

c. NUMBER OF BEDS:

15. ECONOMIC DATA:

d. WOULD YOU BE WILLING TO FURNISH COST INFORMATION (Gross and/or staff hours) ON THE ECONOMIC IMPACT OF CURRENT NRC REGULATIONS OR ANY FUTURE PROPOSED NRC REGULATIONS THAT MAY AFFECT YOU? (NRC regulations permit to protect confidential commercial or financial—proprietary—information furnished to the agency in confidence.)

YES

NO

FOR NRC USE ONLY

TYPE OF FEE

FEE LOG

FEE CATEGORY

COMMENTS

APPROVED BY

AMOUNT RECEIVED

CHECK NUMBER

CONTROL NO. 78454

DATE

3/18/85

NRC

Brown County General Hospital, Georgetown, Ohio, wish to continue to operate under our current license. I have submitted some documents that reflect our current program. Everthing is the same as before except one main thing which is a new radiologist.

NRC

Brown County General Hospital has a new radiologist, Julie Ann Farrell, M.D. She is currently on Bethesda Base Hospital, Cincinnati, Ohio Nuclear Medicine, NRC's license. Her license number is 34-10921-03. (Bethesda s)

We would like to add her to our license or to amend her to our license.

NUCLEAR MEDICINE SERVICES

POLICIES

1. Nuclear Medicine consultation and services shall be conveniently available to meet the needs of the patient.
2. With the use of radiopharmaceuticals, scintillation counters and imaging devices, tests and exams will be performed to aid in the diagnosis and treatment of patients within the hospital and the surrounding communities.
3. All radioactive materials, reagents, and standards shall be prepared, stored, and periodically checked to ensure accuracy, patient safety and precision of results.
4. Nuclear Medicine diagnostic and therapeutic services shall be performed only upon the written request of the responsible physician.
5. Records required by federal, state and local authorities, as well as records consistent with competent practice of nuclear medicine, shall be maintained.

RADIOACTIVE MATERIALS

I. ^{99m}Tc

- A. MAA
- B. MDP
- C. SULFUR COLLOID
- D. DTPA
- E. DISOFENIN
- F. MECKELS ($^{99m}\text{TcO}_4^-$)
- G. PYP

II. ^{123}I

III. ^{133}Xe

IV. ^{75}Se

V. ^{201}Tl
T

LUNG (PERFUSION AND VENTILATION), BONE, LIVER AND SPLEEN
BRAIN, NUCLEAR GALLBLADDER, PANCREAS, THYROID, GI BLEED
HEART.

9. INSTRUMENTATION

1. Survey Meters

- a. Manufacturer's name: Victoreen Instrument Division
Manufacturer's model number: 493
Ranges: 0-1, 0-10, 0-100 mR/hr and 1 R/hr
- b. Manufacturer's name: _____
Manufacturer's model number: _____
Ranges: _____
- c. Manufacturer's name: _____
Manufacturer's model number: _____
Ranges: _____

2. Dose calibrator

Manufacturer's name: Capintec Company
Manufacturer's model number: CRC-5

3. Diagnostic Instruments

<u>Type of Instrument</u>	<u>Manufacturer's Name</u>	<u>Model No.</u>
Gamma Camera	Picker Corporation	- - -

4. Other (monitor)

Manufacturer's name: _____
Manufacturer's model number: _____
Ranges: _____

G-M Survey Meter Calibration Procedure

1. G-M survey meter is calibrated annually and following repair or battery replacement.
2. Calibration is accomplished by taking readings at various points from the calibration source and adjusting the meter readings to within + 10% of the calculated exposure rates for those points. The points are chosen so that two readings, which are separated by at least 50% of the scale, are taken in each scale.
3. The calibration source used is a 1 mg ^{226}Ra needle manufactured by the Radium Chemical Company, Inc. Filtration is 0.5 mm Pt equivalent and the calibration of the source activity is traceable to NBS standards.
4. Calibration is done by James G. Kereinkes, Ph.D., Radiological Physicist, at the University of Cincinnati Medical Center.

Ion Chamber Survey Meter (Cutie Pie) Calibrated Procedure

1. Cutie Pie is calibrated annually and calibrated following repair or battery replacement.
2. Calibration is accomplished by taking readings at various points from the calibration source and adjusting the meter readings to within $\pm 10\%$ of the calculated exposure rates for those points. The points are chosen so that two readings, which are separated by at least 50% of the scale, are taken in each scale.
3. The calibration source used is an EON Corporation Gamma Survey Instrument Calibrator, Model 64-764, Serial number 123, marketed by Nuclear Associates, Inc. The calibrator contains 100 mCi, and the design and manufacture meet NRC requirements (cf. enclosure)
4. Calibration done by James G. Kerciakes, Ph.D., Radiological Physicist, at the University of Cincinnati Medical Center.

10. CALIBRATION OF INSTRUMENTS

A. Survey Instruments

Check appropriate items

- X 1. Survey instruments will be calibrated at least annually and following repair.
- X 2. Calibration will be performed at two points on each scale. The two points will be approximately 1/3 and 2/3 full scale. A survey instrument may be considered properly calibrated when the instrument readings are within + 10% of the calculated or known values for each point checked. Readings within + 20% are considered acceptable if a calibration chart or graph is prepared and attached to the instrument.
- _____ 3. Survey instrument will be calibrated
- _____ a. By the manufacturer
- _____ b. At the licensee's facility
- (i) Calibrated source
Manufacturer's name _____
Model no. _____
Activity in millicuries _____
Accuracy _____
Traceability to primary standard _____
- (ii) The calibration procedures in Appendix D, Section I will be used
- or
- (iii) The step-by-step procedures, including radiation safety procedures are attached.
- X c. By a consultant or outside firm
- (i) Name: James G. Kereiakes, Ph.D.
- (ii) Location: University of Cincinnati Medical Center
- (iii) Procedures and sources _____
- _____ have been approved by NRC and are on file in License No. _____
- X are attached

11. FACILITIES AND EQUIPMENT

Equipment includes L lead shield, lead bricks, remote handling equipment, syringe shields.

GAMMA CAMERA
Pulmonex System

Nuclear medicine technologists receive on-the-job training from staff radiologists (continued post graduate training in x-ray technology including nuclear medicine lectures). Attendance by staff radiologists of national meetings (Radiological Society of North America, American Roentgen Ray Society, etc). Attendance by staff radiologists and nuclear medicine technologists at seminars. Personnel (including technical, clerical, nursing, housekeeping, and security personnel) receive proper instruction in items including:

- a. Areas where radioactive material is used or stored.
- b. Potential hazards associated with radioactive material.
- c. Radiological safety procedures appropriate to their respective duties.
- d. Pertinent NRC regulations.
- e. Rules and regulations of the licensee.
- f. Pertinent terms of the license.
- g. Their obligation to report unsafe conditions.
- h. Appropriate response to emergencies or unsafe conditions.
- i. Their right to be informed of their radiation exposure and bioassay results.
- j. Locations where the licensee has posted or made available notices, copies of pertinent regulations, and copies of pertinent licenses and license conditions.

Personnel are properly instructed:

- a. Before assuming duties with or in the vicinity of radioactive materials.
- b. During annual refresher training.
- c. Whenever there is a significant change in duties, regulations, or the terms of the license.

Educational materials include Regulatory Guide 10.8 "Guide for the Preparation of Applications for Medical Programs" and NCRP Report Nos. 37, 39, 40, 48, 53, 54 and 47.

Item No. 12
December 11, 1979

13. PROCEDURES FOR ORDERING AND RECEIVING RADIOACTIVE MATERIAL

Radiopharmaceuticals will be delivered and packed (in calibrated individual patient doses) contained in syringes housed in lead shield) by Pharmatopes, Inc., Cincinnati, Ohio at all times directly to the Nuclear Medicine Laboratory. These radiopharmaceuticals will be delivered and picked up by Pharmatopes, Inc. personnel.

1. Liquid Waste is disposed of:

- _____ By commercial waste disposal service (see also No. 4 below)
- ☒ In the sanitary sewer system in accordance with Section 20.303 of 19 CFR Part 20. (See enclosure)
- _____ Other (specify): _____

2. Mo-99/Tc generators is:

- ☒ Returned to the supplier for disposal for disposal (Pharmatopes, Inc., Cincinnati, Ohio)
- ☒ Held for decay until radiation levels as measured with a low-level survey meter and with all shielding removed, reach background levels. All radiation labels are removed or obliterated and the generators disposed of as normal trash.
- _____ Disposed of by commercial waste disposal service (see also No. 4 below)
- _____ Other (specify): _____

3. Other Solid Waste is:

(Check as appropriate)

- ☒ Held for decay until radiation levels (as measured with a low-level survey meter and with all shielding removed) reach background levels. All radiation labels are removed or obliterated and the waste disposed of as normal trash.
- _____ Disposed of by commercial waste disposal service
- _____ Other (Specify): _____

4. The commercial waste disposal service used is: _____

(Name)

(City, State)

NRC/Agreement State License No. _____

Item No. 13

December 11, 1979

BROWN COUNTY GENERAL HOSPITAL
& HEALTH CENTER
HOSPITAL POLICY AD #23
RADIATION SAFETY COMMITTEE

- I. The Radiation Safety Program shall be monitored by the Radiation Safety Committee, a subcommittee of the Safety Committee (a subcommittee of the Hospital's Quality Assurance Committee).
- A. The Committee as of July 1984, shall consist of four members:
 - 1. ~~Don R. Sheeeg~~ MD, Radiologist, Chairman & Radiation Safety Officer.
 - 2. Robert Burkett, Administration Assistant.
 - 3. Tammy L. Newman, Nuclear Medicine Technologist.
 - 4. James G. Kereiakes, Ph.D. Physicist (Ex-officio).
- II. This committee meets directly with the Hospital Safety Committee. Committee meets monthly.
- III. This committee also meets with James G. Kereiakes, Ph.D. whenever necessary.

NUCLEAR MEDICINE SERVICES

I. Available conveniently

- A. Nuclear Medicine services and consultation will be conveniently available to meet the needs of the patients as determined by the medical staff.
- B. The mechanism for providing diagnostic and therapeutic nuclear medicine procedures shall be clearly defined, that is, that which is adequate for the scope and complexity of the hospital programs offered.
- C. When Nuclear Medicine procedures are performed outside the hospital, the outside sources shall:
 - 1) Be approved by the medical staff.
 - 2) Meet the requirements of these standards.

II. Directed by a qualified physician

- A. A physician qualified in Nuclear Medicine and is a member of the medical staff shall direct an organized Nuclear Medicine Department or service.
- B. Responsibilities
 - 1) Assure proper radiation safety principles and practices are observed.
 - 2) Assure that all technical personnel are qualified for duties performed.
 - 3) Assure the optimum degree of quality and safety.
 - 4) Contribute to the in service education of Nuclear Medicine personnel.
 - 5) Determine the type, quantity and quality of equipment for procedures performed is adequate for reliable diagnostic studies.
 - 6) Shall determine the standards for preparation and storage with all radioactive materials and to assure accuracy, patient safety and precision of results.

III. Provided by qualified physicians

- A. A physician who practices in diagnostic and/or therapeutic Nuclear Medicine shall have his/her clinical privileges delineated in Nuclear Medicine based upon their training, experience and current competence.
- B. The committee concerned with Nuclear Medicine shall recommend those practitioners having suitable training and experience to perform Nuclear Medicine procedures.

C. Qualified physician responsibilities

- 1) When limited Nuclear Medicine procedures are performed within the hospital, supervision shall be provided by a qualified physician who will assure personnel safety and in keeping within the safety requirements outlined in these standards..
- 2) At least one member of the radioisotope/radiation safety committee must be a physician experienced in:
 - a. Safe handling of radioisotopes
 - b. Measurement of radioactivity
 - c. Determining radioisotope dosage for various patient studies or treatments.

IV. Provided by a qualified technical staff

? A. When there is an organized Nuclear Medicine department/service, it shall be staffed appropriately.

B. Technologists

- 1) Formal training and on-the-job experience of each technologist shall be documented.

C. Radiation physicist

- 1) A physicist shall be available at least on a consultant basis for:
 - a. Safety evaluations for all equipment
 - b. Storage and handling procedures
 - c. Education purposes
- 2) The radiation physicist should participate in the hospital safety committee.

D. Other personnel

- 1) Appropriate credentials shall be required for any pharmacist involved in the preparation of radiopharmaceuticals.

V. Staff education provided

- A. All Nuclear Medicine personnel should participate in educational programs such as outside workshops and professional society meetings.
- B. The amount of participation shall be documented and shall be related to the size of the staff and scope of the Nuclear Medicine Department.
- C. The director shall contribute to the in service education of Nuclear Medicine personnel.

VI. Adequate space and facilities provided

- ? A. Nuclear Medicine services, when provided within the hospital, shall have adequate space and facilities to meet, with safety, the diagnostic and therapeutic needs of the patients.
- B. Space and facilities should include that necessary for the:
 - 1) Clinical care of therapeutic patients.
 - 2) The safe preparation, storage and disposal of radioactive materials so that radiation levels in all areas are as low as practicable and do not exceed accepted standards.
- D. The Nuclear Medicine service area shall be protected from sources of interfering radiations.
- E. The director and medical staff shall determine the type, quantity and quality of equipment which shall be adequate to conduct reliable diagnostic studies.

VII. Quality control policies and procedures followed

- A. To assure diagnostic and therapeutic reliability, there shall be quality control policies and procedures governing Nuclear Medicine activities.
- B. Quality control procedures shall be accessed to:
 - 1) Guide personnel in the standardized performance of diagnostic studies and therapeutic procedures.
 - 2) Assure that the identity, strength and integrity of all radio pharmaceutical agents are maintained.
- C. All radioactive materials, reagents, and standards shall be prepared, stored and checked at a defined interval to be determined by the director, to assure accuracy, patient safety and precision of results.
- D. All reagents must be labeled to indicate identity, date of preparation and assay.
- E. Calibration procedure
 - 1) Standards having the same energy levels as the radionuclides used in patient studies, should be calibrated daily.
 - 2) Instrument calibration procedures sufficient to assure proper performance should be conducted daily and the results recorded.
 - 3) All safety survey instruments in the hospital should be calibrated at least annually.
 - 4) The recommendations of the National Council on Radiation Protection and Measurements should be known and applied.

CONTROL NO. 178454

F. Radioisotope/Radiation safety committee

- 1) A committee shall be established when required by federal, state or local regulations, by licensure requirements, or by the medical staff.
- 2) At least one member of the committee must be a physician experienced in:
 - a. Safe handling of radioisotopes
 - b. Measurements of radioactivity
 - c. Determining radioisotope dosage for various patient studies or treatments
- 3) Representatives of various fields of specialization should be included on the committee, as determined by the nature of the program being conducted.
- 4) Responsibilities
 - a. To review all proposals for diagnostic and therapeutic uses of unsealed radionuclides.
 - b. To recommend to the medical staff those practitioners having suitable training and experience to perform Nuclear Medicine procedures.
 - c. To develop regulations for the use, transport, storage and disposal of radioactive materials used in Nuclear Medicine procedures.
 - d. To recommend remedial action when there is failure to observe protection recommendations, rules and regulations.
 - e. To establish rules to guide nursing and other individuals who are in contact with patients receiving therapeutic amounts of unsealed radionuclides, rules relating to the discharge of such patients; and rules to protect personnel involved when such patients undergo surgical procedures or autopsy.
 - f. To meet as often as required, but not less than every six months.
 - g. To maintain written minutes of each meeting.

VIII. Safety Policies and Procedures Followed

- A. There shall be policies and procedures governing Nuclear Medicine activities that assure safety of patients and personnel.
- B. Responsibilities
 - 1) The director shall assure that proper radiation safety principles and practices are observed.
 - 2) Policies and procedures relating to safety shall require:
 - a. Personnel to wear appropriate exposure-monitoring devices at all times when in the area.

- b. Guidelines to be followed in the event of radioactive contamination of personnel, equipment or environment.
- c. Written authority for all non-physicians who administer radioisotopes parenterally when legally permissible.
- d. Security of all "hot" and "decay" areas in order to protect all individuals in the hospital.
- e. Rules prohibiting oral pipetting of radionuclides and eating or drinking in the work areas.
- f. Establishment of an effective radiation protection survey program at least every six months.
- g. Protective shielding for syringes, injection vials and stock sources of radioactivity.

C. Functional safety and sanitation

- 1) Radiation decontamination facilities shall be provided wherever radioactive isotopes are used.

IX. Services Performed Only On Physician Order

A. Nuclear Medicine diagnostic and therapeutic procedures shall be performed only upon the written request of

- 1) The responsible physician.
- 2) A member of the house staff.
- 3) Authorized physicians who are not members of the medical staff for their patients who are not being evaluated or treated in the hospital.

B. Documented

- 1) Records required by federal, state and local authorities, as well as records consistent with competent practice of Nuclear Medicine, shall be maintained.

X. Quality Control

A. Records to be maintained on radionuclides and radiopharmaceuticals should include at least the following information:

- 1) The date, amounts, methods of receipt and disposal.
- 2) The supplier and lot number.
- 3) The use, date, amount administered, and the identity of any recipient.

B. Instrument calibration procedures sufficient to affirm proper performance shall be conducted each day the instrument is used, and the results recorded.

C. Instrument log books shall include:

- 1) Calibration records of equipment and monitors showing dates, name of technologist, and sources of reference standards.

- 2) Maintenance and repair records showing dates and sources of service.
- 3) Findings of federal, state or local evaluations or those of a consultant radiation physicist, and the action taken to correct any deficiencies.

D. Safety records shall be maintained on the:

- 1) Radiation exposure of all Nuclear Medicine personnel.
- 2) Results of routine radiation safety surveys.

E. The patient's medical record shall include:

- 1) Reports of Nuclear Medicine interpretations, consultations and therapy.
- 2) The identity, date and amount of radiopharmaceutical used.
- 3) Any patient preparation.

XI. Evaluation

- A. The director shall document the evaluation of the services provided, to strive to assure the optimum degree of quality and safety, as well as to assure their appropriateness.