

NRC Form 374A
(8-82)

U.S. NUCLEAR REGULATORY COMMISSION

**MATERIALS LICENSE
SUPPLEMENTARY SHEET**

	PAGE	OF	PAGES
License number	34-18884-01		
Docket or Reference number			
Amendment No.	02		

Brown County General Hospital
Home Street
Georgetown, OH 45121

In accordance with letter, dated April 11, 1983, License Number 34-18884-01 is amended as follows:

Condition 17. is amended to read:

17. Except as specifically provided otherwise by this license, the licensee shall possess and use licensed material described in Items 6, 7, and 8 of this license in accordance with statements, representations, and procedures contained in application dated February 8, 1980; letter received February 25, 1980; letters dated February 21, 1980, June 9, 1982, April 11, 1983 with attachment, and September 26, 1983 with attachment. The Nuclear Regulatory Commission's regulations shall govern the licensee's statements in applications or letters, unless the statements are more restrictive than the regulations.

Condition 21. is deleted.

Condition 24. is added:

24. The licensee shall insure that the xenon trapping system is energized for a sufficiently long period of time to allow for complete removal of xenon-133 from the disposable collection bag.

For the U.S. Nuclear Regulatory Commission

Date November 23, 1983

Original Signed
By B. J. Holt
Materials Licensing Section, Region III

8507150084 850621
REG3 LIC30
34-18884-01 PDR

COPY 5

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

DR Julie Ann Foppell

2. STATE OR TERRITORY IN
WHICH LICENSED TO
PRACTICE MEDICINE

3. CERTIFICATION

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
DIAGNOSTIC RADIOLOGY	RADIOLOGY	6/83

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	Cincinnati General Hosp	10	10
b. RADIATION PROTECTION	Cincinnati General Hosp	10	10
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	Cincinnati General Hosp	10	10
d. RADIATION BIOLOGY	Cincinnati General Hosp	10	10
e. RADIOPHARMACEUTICAL CHEMISTRY	Cincinnati General Hosp	10	10

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
I ¹²³	150 mCi/p	Cincinnati General Hosp	1/83 - 1/84	Diagnostic
Tc-MAA	3-4 mCi/p	"	7 m	"
Tc-MDP	20 mCi/p	"	"	"
Tc-Sulfur	20 mCi/p	"	"	"
X ¹³³	"	"	"	"

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	5	
P-32 (Colloidal)	INTRACAVITARY TREATMENT	5	
I-131	TREATMENT OF THYROID CARCINOMA	100	
	TREATMENT OF HYPERTHYROIDISM	100	
Au-198	INTRACAVITARY TREATMENT	5	
Co-60 or Cs-137	INTERSTITIAL TREATMENT	5	
	INTRACAVITARY TREATMENT	5	
I-125 or Ir-192	INTERSTITIAL TREATMENT	5	
	TELETHERAPY TREATMENT	5	
Sr-90	TREATMENT OF EYE DISEASE	5	
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	100	
Sn-113/ In-113m	GENERATOR	100	
Tc-99m	REAGENT KITS	100	
Other			

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING
1980 & 1983 for a total of 800 hr

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:	5. PRECEPTOR'S SIGNATURE
a. NAME OF SUPERVISOR DR EUGENE SAENDER or EDWARD Silberstein	7. PRECEPTOR'S NAME (Please type or print) DR EUGENE SAENDER OR DR EDWARD SILBERSTEIN
b. NAME OF INSTITUTION CINCINNATI UNIVERSITY HOSPITAL	
c. MAILING ADDRESS 3211 Hillside Ohio 45267	8. DATE 2/26/85
d. CITY 34-10921-03 (Bethesda)	
6. MATERIALS LICENSE NUMBER(S) 34-18884-01 (Brown Co)	

FORM NRC-313M-SUPPLEMENT B
(8-78)

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 DR. Julie Ann Tappell

425 HOME STREET
STREET ADDRESS

GEORGETOWN

OHIO 45121

CITY

STATE

ZIP CODE

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 (a)	DIAGNOSIS OF THYROID FUNCTION	100	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	50	
	LIVER FUNCTION STUDIES	150	
	FAT ABSORPTION STUDIES	20	
	KIDNEY FUNCTION STUDIES	100	
	IN VITRO STUDIES	100	
OTHER			
I-125	DETECTION OF THROMBOSIS	25	
I-131	THYROID IMAGING	100	
P-32	EYE TUMOR LOCALIZATION	5	
Se-75	PANCREAS IMAGING	10	
Yb-169	CISTERNOGRAPHY	5	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	200	
OTHER			
Tc-99m	BRAIN IMAGING	200	
	CARDIAC IMAGING	100	
	THYROID IMAGING	50	
	SALIVARY GLAND IMAGING	25	
	BLOOD POOL IMAGING	200	
	PLACENTA LOCALIZATION	15	
	LIVER AND SPLEEN IMAGING	300	
	LUNG IMAGING	200	
	BONE IMAGING	300	
OTHER			