



353 North Oak Street
Columbia City, Indiana 46725
Telephone 219 / 244-6191

WHITLEY COUNTY MEMORIAL HOSPITAL

April 17, 1985

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

Gentlemen:

We are in the process of adding a Radiologist to our staff, and to make our license comply with your standards, we are seeking to update our license.

We have enclosed a preceptorship for Dr. William D. Zimmer. Thank you for your attention to this matter.

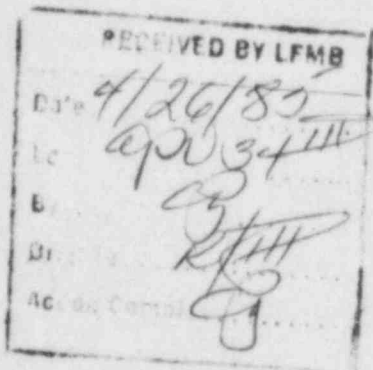
Sincerely,

John M. Hatcher

John M. Hatcher, Administrator
Whitley County Memorial Hospital
353 North Oak Street
Columbia City, IN 46725
Nuclear License Number 13-17129-01

LWC/gp

Enclosure



U.S. N.R.C.
REGIONAL BRANCH
85 APR 26 AM 1:39

RECEIVED
APR 22 1985
REGION III

EX (170.11(a)(9))
FEE EXEMPT

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REG3 LIC30
13-17129-01 PDR

CONTROL NO. 7 8 7 6 4

APR 22 1985

STATEMENT OF INVESTIGATOR

Form Approved
OMB No. 57-R0029

TO: SUPPLIER OF DRUG (Name and address, include Zip Code)

NAME OF INVESTIGATOR (Print or Type)

DATE

NAME OF DRUG

Dear Sir:

The undersigned, ☒ WILLIAM D. ZIMMER, M.D.
submits this statement as required by section 505(i) of the Federal Food, Drug, and Cosmetic Act and §130.3 of Title 21 of the Code of Federal Regulations as a condition for receiving and conducting clinical investigations with a new drug limited by Federal (or United States) law to investigational use.

1. STATEMENT OF EDUCATION AND EXPERIENCE

a. COLLEGES, UNIVERSITIES, AND MEDICAL OR OTHER PROFESSIONAL SCHOOLS ATTENDED, WITH DATES OF ATTENDANCE, DEGREES, AND DATES DEGREES WERE AWARDED

UNDERGRADUATE:
RICE UNIVERSITY (HOUSTON, TX) 73-76 B.S. 1976

MEDICAL SCHOOL

UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL (DALLAS) 76-81
M.D. 1981

b. POSTGRADUATE MEDICAL OR OTHER PROFESSIONAL TRAINING (Indicate dates, names of institutions, and nature of training)

6/81-6/85 MAYO GRADUATE SCHOOL OF MEDICINE
ROCHESTER, MN
RESIDENCY IN DIAGNOSTIC RADIOLOGY

c. TEACHING OR RESEARCH EXPERIENCE (Indicate dates, institutions, and brief description of experience)

- No Academic Teaching Positions
- Clinical research during residency [see list of publications below]

d. EXPERIENCE IN MEDICAL PRACTICE OR OTHER PROFESSIONAL EXPERIENCE (Indicate dates, institutional affiliations, nature of practice, or other professional experience)

No full-time post-residency radiology practice yet
only several "moonlighting" positions

e. REPRESENTATIVE LIST OF PERTINENT MEDICAL OR OTHER SCIENTIFIC PUBLICATIONS (Indicate titles of articles, names of publications and volume, page number, and date)

- "Changing Patterns in the Evaluation of Renal Masses: Economic Implications" AJR: August 1984
pages 285-290
- "Case Report: Magnetic Resonance Imaging of Bone Tumors: An Aneurysmal Bone Cyst" Mayo Clinic Proceedings Sept 1984 pages 633-636
- "Magnetic Resonance Imaging of Bone Tumors: Comparison with CT" Radiology (in press)

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER William D. Zimmer, M.D.	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE MN, TX
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3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
American Board of Radiology	Diagnostic Radiology	Board Eligible

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	Mayo Clinic (Rochester, MN) 7/81-6/85	60	30
b. RADIATION PROTECTION		20	5
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY		20	none
d. RADIATION BIOLOGY		20	2
e. RADIOPHARMACEUTICAL CHEMISTRY		20	15

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE

CONTROL NO. 78764

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

William D. Zimmer

STREET ADDRESS

811-6th Avenue S.E.

CITY

Rochester

STATE

MN

ZIP CODE

55904

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	15	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME		
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES	52	
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING	22	
P-32	EYE TUMOR LOCALIZATION		
Se-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY	4	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	45	
OTHER			
Tc-99m	BRAIN IMAGING	5	
	CARDIAC IMAGING (pyrophosphate)	11	
	THYROID IMAGING	48	
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING (including MUGA)	87	
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	122	
	LUNG IMAGING	45	
	BONE IMAGING	305	
OTHER	Tc-99m Kidney Imaging	54	

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 (Colloid)	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		
Co-60 or Cs-137	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	15	
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	15	
Other			
Ga-67	Whole body scanning	20	
Tl-201	Heart imaging	12	
In-111	Whole body imaging (labeled white blood cells)	7	

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

3/22/82-4/16/82, 2/21/83-3/11/83, 7/11/83-7/15/83, 4/16/84-5/11/84

500+ hours

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

a. NAME OF SUPERVISOR

Manuel L. Brown, M.D.

b. NAME OF INSTITUTION

Mayo Clinic

c. MAILING ADDRESS

200 First Street S.W.

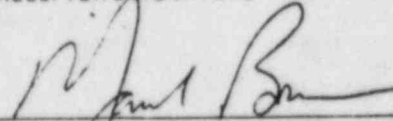
d. CITY

Rochester, MN 55905

5. MATERIALS LICENSE NUMBER(S)

22-00519-13

6. PRECEPTOR'S SIGNATURE



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

Manuel L. Brown, M.D.

8. DATE

2/25/85