PUBLIC

12/23/96

Decatur County Memorial Hospital

The quality care you want. Close by.

Telephone
(812) 663-4331

October 14, 1996

030-17620

United States Nuclear Regulatory Commission
Region III
801 Warrenville Road
Lisle, IL 60532-4351

Re: USNRC Materials License No. 138992-01

Dear Mr. Null:

Please disregard the previous correspondence from our facility, Decatur County Memorial Hospital, dated October 1, 1996.

This letter will serve as notification that we would like to add Doctor Florence Gin to USNRC Materials License No. 13-18992-01 for radioactive materials identified under 35.100 and 35.200. Doctor Gin is an authorized user by identification under 10 CFR 35.910(a)(2) and 35.920(a)(2). A copy of her certification by the American Board of Radiology is included with this correspondence.

Doctor Gin's credentials and experience have been reviewed and approved by the Radiation Safety Committee in compliance with 10 CFR 35.22(b)(2)(I) and 35.22(b)(2)(ii) which met on September 27, 1996. It is my understanding a fee is not required as this serves as a notification under CFR 35.14 and not deemed an amendment.

If you have any questions, please feel free to contact me at 812-663-1170, or the Nuclear Medicine Consultant, Mr. Edward Wroblewski, at 313-662-3197.

Sincerely,

DECATUR COUNTY MEMORIAL HOSPITAL

C Duffy

Charles Duffy
President

Enclosure

pc: Barbara Taylor, MD, RSO
Nuclear Medicine Department

PM: 10-15-96

720 North Lincoln Street • Greensburg, Indiana 47240-1398

ML 310H

The American Board of Radiology

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, the Association of
University Radiologists, and American Association of Physicists in Medicine
Hereby certifies that

Florence M. Gin, 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 seventh day of June, 1995
Thereby demonstrating to the satisfaction of the Board
that she is qualified to practice the specialty

Diagnostic Radiology

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER	FOR PHYSICIANS, STATE OR TERRITORY WHERE LICENSED
Florence Gin, M.D.	

CERTIFICATION

SPECIALTY BOARD	CATEGORY	MONTH AND YEAR CERTIFIED
American Board of Radiology	Diagnostic Radiology	June, 1995

TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING	LOCATION AND DATE(S) OF TRAINING	TYPE AND LENGTH OF TRAINING	
		Clock Hours in Lecture or Laboratory	Clock Hours of Supervised on-the-job Experience
RADIATION PHYSICS AND INSTRUMENTATION	Methodist Hospital of Indiana, Inc. 1701 N. Senate Blvd. Indianapolis, IN 46202 July 1991 through June 1995	104	approximately 10
RADIATION PROTECTION	same	18	approximately 10
MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	same	15	approximately 10
RADIATION BIOLOGY	same	27	
RADIOPHARMACEUTICAL CHEMISTRY	same	28	approximately 10

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

ISOTOPE AND mCi USED AT ONE TIME	LOCATION	CLOCK HOURS	TYPE OF USE
Mo-99 Generator Tc-99m 30 mCi Xe-133 25 mCi I-131 20 mCi In-111 1 mCi Ga-67 6 mCi Tl-201 4 mCi I-125 0.010 mCi	Methodist Hospital of Indiana, Inc. 1701 N. Senate Blvd. Indianapolis, IN 46202 NRC License No. 13-02063-01	1008	Diagnosis and Therapy

SUPPLEMENT B

U.S. NUCLEAR REGULATORY COMMISSION

PRECEPTOR STATEMENT

PROPOSED PHYSICIAN USER NAME AND ADDRESS

FULL NAME: Florence Gin, M.D.

ADDRESS:

CITY, STATE, ZIP CODE:

CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN			
ISOTOPE	CONDITIONS DIAGNOSED OR TREATED	NUMBER OF CASES INVOLVING PERSONNEL PARTICIPATION	COMMENTS
	Thyroid scan	138	
	Thyroid uptake	97	
	Lung perfusion scan	437	
	Xenon ventilation study	77	
	Aerosol ventilation scan	0	
	Renal flow scan	121	
	Brain scan	38	
	Liver/spleen scan	38	
	Bone scan	1109	
	Gastroesophageal study	47	
	LeVeen shunt study	0	
	Cystogram	1	
	Dacrocystogram	0	
	Cardiac perfusion scan	813	
	Cardiac stress ventriculogram	122	
	Cardiac rest ventriculogram	593	
	Gallium scan	48	
In-111	White cell	76	
Tc-99m	Testicular scan	20	
In-111	Cisternogram	5	
Tc-99m	Gall bladder scan	149	
Tc-99m	GI bleed	13	

P-32(S)	PV, leukemia, bone mets	0	(S) = Soluble
P-32(C)	intracavitary treatment	0	(C) = Colloidal
I-131	treatment of hyperthyroidism	36	
I-131	treatment of thyroid carcinoma	5	

Mo-99/Tc-99m	Generator	5
Tc-99m	Reagent Kits	15

DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

Methodist Hospital, 1701 N. Senate Blvd., Indianapolis, IN 46202

Sep-91 Aug-92 Jan-94

Jan-92 May-93 Oct-94

CLOCK HOURS OF EXPERIENCE: 1008

TRAINING AND EXPERIENCE INDICATED ABOVE OBTAINED UNDER THE SUPERVISION OF:

Larry L. Heck, M.D.
Methodist Hospital of Indiana, Inc.
1701 N. Senate Blvd.
Indianapolis, IN 46202
NRC License No. 13-02063-01

Larry L. Heck, M.D.
Chairman, Radiation
Safety Committee

5/24/96
DATE

DATE: 10-9-96

CORRESPONDENCE CLARIFICATION SHEET

REVIEWER: ~~John Madera~~ KEVIN NULL

LICENSEE: 13-18992-01

LICENSE NUMBER: Decatur County

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)_____.

☐ 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

(probably) Licensee will resubmit letter ~~requesting~~ rotating, notification is for 35,150 + 250 only. - per Consultant