

<b>NRC FORM 313M</b> (9-81) 10 CFR 35	<b>U.S. NUCLEAR REGULATORY COMMISSION</b> <b>APPLICATION FOR MATERIALS LICENSE – MEDICAL</b>	Approved by OMB 3150-0041 Expires 9-30-83
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**INSTRUCTIONS** – Complete Items 1 through 26 if this is an initial application or an application for renewal of a license. Use supplemental sheets where necessary. Item 26 must be completed on all applications and signed. Retain one copy. Submit original and one copy of entire application to: Director, Office of Nuclear Materials Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555. Upon approval of this application, the applicant will receive a Materials License. An NRC Materials License is issued in accordance with the general requirements contained in Title 10, Code of Federal Regulations, Part 30, and the Licensee is subject to Title 10, Code of Federal Regulations, Parts 19, 20 and 35 and the license fee provision of Title 10, Code of Federal Regulations, Part 170. The license fee category should be stated in Item 26 and the appropriate fee enclosed.

<b>1.a. NAME AND MAILING ADDRESS OF APPLICANT</b> (institution, firm, clinic, physician, etc.) INCLUDE ZIP CODE  Normandy Osteopathic Hospital, N. 7840 Natural Bridge Road St. Louis, Missouri 63121  TELEPHONE NO.: AREA CODE <u>314</u> , <u>389</u> <u>0015</u>	<b>1.b. STREET ADDRESS(ES) AT WHICH RADIOACTIVE MATERIAL WILL BE USED</b> (if different from 1.a.) INCLUDE ZIP CODE  Same and: Normandy Osteopathic Hospital, S. 530 Des Peres Rd. St. Louis, Missouri 63131
<b>2. PERSON TO CONTACT REGARDING THIS APPLICATION</b> Steve A. Spinosi, Consultant Nuclear Medicine Associates TELEPHONE NO.: AREA CODE <u>216</u> , <u>641</u> <u>5799</u>	<b>3. THIS IS AN APPLICATION FOR:</b> (Check appropriate item) a. <input type="checkbox"/> NEW LICENSE b. <input checked="" type="checkbox"/> AMENDMENT TO LICENSE NO. <u>24-04584-01</u> c. <input type="checkbox"/> RENEWAL OF LICENSE NO. _____
<b>4. INDIVIDUAL USERS</b> (Name individuals who will use or directly supervise use of radioactive material. Complete Supplements A and B for each individual.)	<b>5. RADIATION SAFETY OFFICER (RSO)</b> (Name of person designated as radiation safety officer. If other than individual user, complete resume of training and experience as in Supplement A.) James C. Mulkey, D.O., with assistance of John W. Campbell and consultation from Nuclear Medicine Assoc., at both North and South.

**6.a. RADIOACTIVE MATERIAL FOR MEDICAL USE**

RADIOACTIVE MATERIAL LISTED IN:	ITEMS DESIRED "X"	MAXIMUM POSSESSION LIMITS (In millicuries)	ADDITIONAL ITEMS:	MARK ITEMS DESIRED "X"	MAXIMUM POSSESSION LIMITS (In millicuries)
10 CFR 31.11 FOR IN VITRO STUDIES			IODINE-131 AS IODIDE FOR TREATMENT OF HYPERTHYROIDISM		
10 CFR 35.100, SCHEDULE A, GROUP I		AS NEEDED	PHOSPHORUS-32 AS SOLUBLE PHOSPHATE FOR TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA AND BONE METASTASES		
10 CFR 35.100, SCHEDULE A, GROUP II		AS NEEDED	PHOSPHORUS-32 AS COLLOIDAL CHROMIC PHOSPHATE FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.		
10 CFR 35.100, SCHEDULE A, GROUP III			GOLD-198 AS COLLOID FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.		
10 CFR 35.100, SCHEDULE A, GROUP IV		AS NEEDED	IODINE-131 AS IODIDE FOR TREATMENT OF THYROID CARCINOMA		
10 CFR 35.100, SCHEDULE A, GROUP V		AS NEEDED	XENON-133 AS GAS OR GAS IN SALINE FOR BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES		
10 CFR 35.100, SCHEDULE A, GROUP VI					

**6.b. RADIOACTIVE MATERIAL FOR USES NOT LISTED IN ITEM 6.a.** (Sealed sources up to 3 mCi used for calibration and reference standards are authorized under Section 35.14(d), 10 CFR Part 35, and NEED NOT BE LISTED.)

ELEMENT AND MASS NUMBER	CHEMICAL AND/OR PHYSICAL FORM	MAXIMUM NUMBER OF MILLICURIES OF EACH FORM	DESCRIBE PURPOSE OF USE
The purpose of this application for amendment is: 1. To add a location of use within See Item #11. 2. To expand the list of authorized users. See Supplements A and B for training and experience for Drs. Gideon and Anderson. 3. To clarify RSO as James C. Mulkey, D.O. with assistance of John W. Campbell, D.O. at both Normandy Osteopathic Hospital's North and South.			

# INFORMATION REQUIRED FOR ITEMS 7 THROUGH 23

For Items 7 through 23, check the appropriate box(es) and submit a detailed description of all the requested information. Begin each item on a separate sheet. Identify the item number and the date of the application in the lower right corner of each page. If you indicate that an appendix to the medical licensing guide will be followed, do not submit the pages, but specify the revision number and date of the referenced guide: Regulatory Guide 10.8, Rev. \_\_\_\_\_ Date: \_\_\_\_\_

7. MEDICAL ISOTOPES COMMITTEE		15. GENERAL RULES FOR THE SAFE USE OF RADIOACTIVE MATERIAL (Check One)	
<input type="checkbox"/>	Names and Specialties Attached; and	<input type="checkbox"/>	Appendix G Rules Followed; or
<input type="checkbox"/>	Duties as in Appendix B; or _____ (Check One)	<input type="checkbox"/>	Equivalent Rules Attached
<input type="checkbox"/>	Equivalent Duties Attached	16. EMERGENCY PROCEDURES (Check One)	
8. TRAINING AND EXPERIENCE		<input type="checkbox"/>	Appendix H Procedures Followed; or
<input checked="" type="checkbox"/>	Supplements A & B Attached for Each Individual User; and	<input type="checkbox"/>	Equivalent Procedures Attached
<input type="checkbox"/>	Supplement A Attached for RSO.	17. AREA SURVEY PROCEDURES (Check One)	
9. INSTRUMENTATION (Check One)		<input type="checkbox"/>	Appendix I Procedures Followed; or
<input type="checkbox"/>	Appendix C Form Attached; or	<input type="checkbox"/>	Equivalent Procedures Attached
<input type="checkbox"/>	List by Name and Model Number	18. WASTE DISPOSAL (Check One)	
10. CALIBRATION OF INSTRUMENTS		<input type="checkbox"/>	Appendix J Form Attached; or
<input type="checkbox"/>	Appendix D Procedures Followed for Survey Instruments; or _____ (Check One)	<input type="checkbox"/>	Equivalent Information Attached
<input type="checkbox"/>	Equivalent Procedures Attached; and	19. THERAPEUTIC USE OF RADIOPHARMACEUTICALS (Check One)	
<input type="checkbox"/>	Appendix D Procedures Followed for Dose Calibrator; or _____ (Check One)	<input type="checkbox"/>	Appendix K Procedures Followed; or
<input type="checkbox"/>	Equivalent Procedures Attached	<input type="checkbox"/>	Equivalent Procedures Attached
11. FACILITIES AND EQUIPMENT		20. THERAPEUTIC USE OF SEALED SOURCES	
<input checked="" type="checkbox"/>	Description and Diagram Attached	<input type="checkbox"/>	Detailed Information Attached; and
12. PERSONNEL TRAINING PROGRAM		<input type="checkbox"/>	Appendix L Procedures Followed; or _____ (Check One)
<input type="checkbox"/>	Description of Training Attached	<input type="checkbox"/>	Equivalent Procedures Attached
13. PROCEDURES FOR ORDERING AND RECEIVING RADIOACTIVE MATERIAL		21. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE GASES (e.g., Xenon - 133)	
<input type="checkbox"/>	Detailed Information Attached	<input type="checkbox"/>	Detailed Information Attached
14. PROCEDURES FOR SAFELY OPENING PACKAGES CONTAINING RADIOACTIVE MATERIALS (Check One)		22. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL IN ANIMALS	
<input type="checkbox"/>	Appendix F Procedures Followed; or	<input type="checkbox"/>	Detailed Information Attached
<input type="checkbox"/>	Equivalent Procedures Attached	23. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL SPECIFIED IN ITEM 6.b	
<input type="checkbox"/>		<input type="checkbox"/>	Detailed Information Attached

24. PERSONNEL MONITORING DEVICES			
TYPE (Check appropriate box)		SUPPLIER	EXCHANGE FREQUENCY
a. WHOLE BODY	<input checked="" type="checkbox"/>	FILM	No Change
	<input type="checkbox"/>	TLD	
	<input type="checkbox"/>	OTHER (Specify)	
b. FINGER	<input type="checkbox"/>	FILM	
	<input checked="" type="checkbox"/>	TLD	No Change
	<input type="checkbox"/>	OTHER (Specify)	
c. WRIST	<input type="checkbox"/>	FILM	
	<input type="checkbox"/>	TLD	
	<input type="checkbox"/>	OTHER (Specify)	

d. OTHER (Specify)

Applicant... May 18 1985  
 Check No. 78217  
 Amount \$120.00  
 Type of Fee 7C and  
 Date Check Rec'd 5/13/85  
 Received By [Signature]

## 25. FOR PRIVATE PRACTICE APPLICANTS ONLY

a. HOSPITAL AGREEING TO ACCEPT PATIENTS CONTAINING RADIOACTIVE MATERIAL

NAME OF HOSPITAL

MAILING ADDRESS

CITY

STATE

ZIP CODE

b. ATTACH A COPY OF THE AGREEMENT LETTER SIGNED BY THE HOSPITAL ADMINISTRATOR.

c. WHEN REQUESTING THERAPY PROCEDURES, ATTACH A COPY OF RADIATION SAFETY PRECAUTIONS TO BE TAKEN AND LIST AVAILABLE RADIATION DETECTION INSTRUMENTS.

## 26. CERTIFICATE

(This item must be completed by applicant)

The applicant and any official executing this certificate on behalf of the applicant named in Item 1a certify that this application is prepared in conformity with Title 10, Code of Federal Regulations, Parts 30 and 35, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

a. LICENSE FEE REQUIRED  
(See Section 170.31, 10 CFR 170)

b. APPLICANT OR CERTIFYING OFFICIAL (Signature)

(1) NAME (Type of Print)  
Robert S. Davis III

(2) TITLE  
Administrator

c. DATE  
X 5/6/85

(1) LICENSE FEE CATEGORY:

7C

(2) LICENSE FEE ENCLOSED: \$ 120.00

MAY 09 1985

REGION III

## PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the Nuclear Regulatory Commission on NRC Form 313M. This information is maintained in a system of records designated as NRC-3 and described at 40 Federal Register 45334 (October 1, 1975).

1. **AUTHORITY** Sections 81 and 161(b) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2111 and 2201(b)).
2. **PRINCIPAL PURPOSE(S)** The information is evaluated by the NRC staff pursuant to the criteria set forth in 10 CFR Parts 30-36 to determine whether the application meets the requirements of the Atomic Energy Act of 1954, as amended, and the Commission's regulations, for the issuance of a radioactive material license or amendment thereof.
3. **ROUTINE USES** The information may be used: (a) to provide records to State health departments for their information and use; and (b) to provide information to Federal, State, and local health officials and other persons in the event of incident or exposure, for their information, investigation, and protection of the public health and safety. The information may also be disclosed to appropriate Federal, State, and local agencies in the event that the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, or local agency to the extent relevant and necessary for a NRC decision or to an appropriate Federal agency to the extent relevant and necessary for that agency's decision about you. A copy of the license issued will routinely be placed in the NRC's Public Document Room, 1717 H Street, N.W., Washington, D.C.
4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION** Disclosure of the requested information is voluntary. If the requested information is not furnished, however, the application for radioactive material license, or amendment thereof, will not be processed.
5. **SYSTEM MANAGER(S) AND ADDRESS** Director, Division of Fuel Cycle and Material Safety, Office of Nuclear Material Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555.

RECEIVED  
NRC FORM 313M  
(9-81)

MAY 09 1982

REGION III



# Facilities and Equipment

## Diagram

☒ Air Supply

☒ Air Exhaust

\_\_\_ Scanner

\_\_\_ Uptake/Well

1 Camera

2 Lockable Door

\_\_\_ Receipt Area

\_\_\_ Generator

\_\_\_ Kit Preparation

\_\_\_ Isotope Storage

\_\_\_ Dose Preparation

\_\_\_ Waste Storage

\_\_\_ Dose Calibrator

\_\_\_ Refrigerator

## Adjacent Areas

___	___
___	___
___	___
___	___
___	___
___	___
___	___

☒ Sink

☐ Lead Castle

Lead Shielding

\_\_\_ L x \_\_\_ W x \_\_\_ H x \_\_\_ T

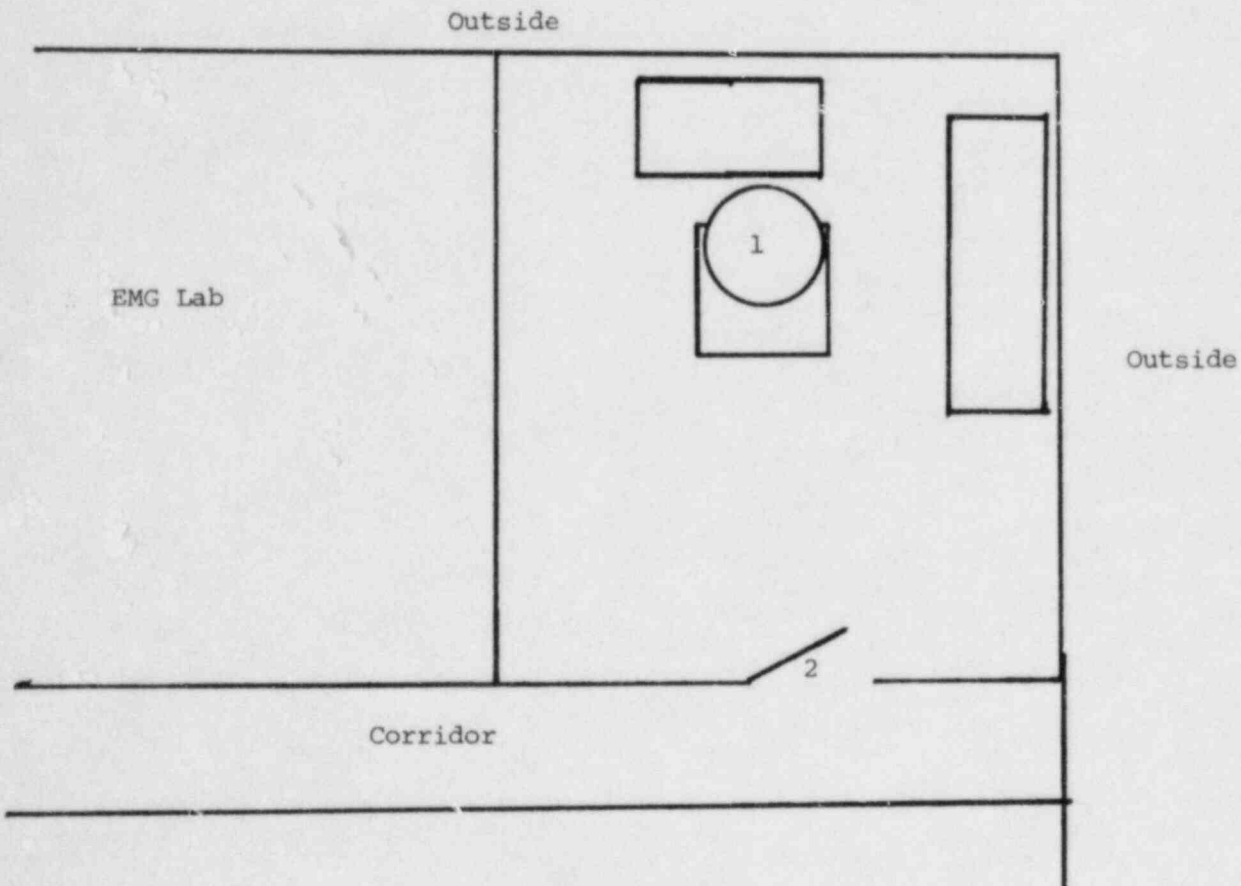
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\_\_\_ L x \_\_\_ W x \_\_\_ H x \_\_\_ T

\_\_\_ L x \_\_\_ W x \_\_\_ H x \_\_\_ T

"Mobile" Imaging Room

Normandy Osteopathic Hospital, North



Item #11

1 of 1 pages

Prepared 4/24/85

License#24-C4584-01

TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER Mark Anderson, D.Q.	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE Missouri
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3. CERTIFICATION

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
Anatomical & Clinical Laboratory Medicine	Board Eligible - July, 1982	

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	Dwight David Eisenhower Army Med. Ctr., Fort Gordon, Georgia Clinical Chem. Dept., July, 1979-Nov. 1979; Jan. 1982-July, 1982	10 Hours	40 Hours
b. RADIATION PROTECTION	Dwight David Eisenhower Army Med. Ctr., Fort Gordon, Georgia Clinical Chem. Dept. July, 1979-Nov. 1979; Jan. 1982-July, 1982	14 Hours	60 Hours
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	Dwight David Eisenhower Army Med. Ctr., Fort Gordon, Georgia Clinical Chem. Dept., July, 1979-Nov. 1979; Jan. 1982-July, 1982	20 Hours	120 Hours
d. RADIATION BIOLOGY	Dwight David Eisenhower Army Med. Ctr., Fort Gordon, Georgia Clinical Chem. Dept., July, 1979-Nov. 1979; Jan. 1982-July, 1982	8 Hours	35 Hours
e. RADIOPHARMACEUTICAL CHEMISTRY	Dwight David Eisenhower Army Med. Ctr., Fort Gordon, Georgia Clinical Chem. Dept., July, 1979-Nov. 1979; Jan. 1982-July, 1982	8 Hours	28 Hours

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-125	11 months direct experience, bench work, supervisory/clinical consultation	DDEAMC, Fort Gordon, Georgia	5 months - 1979 6 months - 1982	Marker for invitro testing of disease and metabolic parameters

## 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.

<b>1. APPLICANT PHYSICIAN'S NAME AND ADDRESS</b>			<b>KEY TO COLUMN C</b> <b>PERSONAL PARTICIPATION SHOULD CONSIST OF:</b> 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.
FULL NAME Mark Anderson, D.O.			
STREET ADDRESS 7840 Natural Bridge Rd.			
CITY St. Louis	STATE MO	ZIP CODE 63121	

**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	880	Radioimmuno Assay Laboratory Tests/ Number. All were I <sub>125</sub> with the ex- ception of Cobalt 57 for B <sub>12</sub> .  HCG BHCG ACTH Hepatitis Testing HBeAg HBsAg Anti-HBe Anti-HBS Anti-HBeC Anti-AV-IgM Thyroid Testing Free T <sub>3</sub> Free thyroxin Ty TSH FSH Cortisol CEA Ferritin PAP-Male Prostatic Acid Phosphatase Calcitonin Parathormone - PTH-C Terminal PTH- Mid-Portion PTH-N Terminal  Testosterone Rast Profiles IgE Gentamycin Tobramycin Theophyllin Digoxin
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME		
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES		
	IN VITRO STUDIES See comment "D"		
OTHER	for list of test done, supervised		
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING	26	
P-32	EYE TUMOR LOCALIZATION		
Se-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	30	
OTHER			
Tc-99m	BRAIN IMAGING		
	CARDIAC IMAGING		
	THYROID IMAGING	54	
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING		
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	68	
	LUNG IMAGING		
	BONE IMAGING	148	
OTHER			

# 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		Prolactin
P-32 (Colloid)	INTRACAVITARY TREATMENT		Renin
			Insulin
			Aldosterone
I-131	TREATMENT OF THYROID CARCINOMA	15	Alpha fetoprotein
	TREATMENT OF HYPERTHYROIDISM		Estradiol
			Estrogen
Au-198	INTRACAVITARY TREATMENT		Gastrin
			Glucagon
Co-60 or Cs-137	INTERSTITIAL TREATMENT		B12
	INTRACAVITARY TREATMENT		Folate
			Schillings Test
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		
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS		
Other			

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

June, 1979 - Nov. 1979 - 5 months - 800 hours - Bench Work, Basic Science, Quality Control

Jan. 1982 - July, 1982 - 6 months - 960 hours - Chief Resident Clinical Laboratory

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

### a. NAME OF SUPERVISOR

Dr. Joseph Quashnock, Ph.D.

### b. NAME OF INSTITUTION

National Health Laboratory

### c. MAILING ADDRESS

634 S. Floyd Street

### d. CITY

Louisville, Kentucky 40202

## 5. MATERIALS LICENSE NUMBER(S)

## 6. PRECEPTOR'S SIGNATURE

*Joseph M. Quashnock*

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

Dr. Joseph Quashnock, Ph.D.

## 8. DATE

Mar 29, '85



TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1 NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER David E. Gideon, D.O.	2 STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE Missouri; Michigan	
3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
American Osteopathic Board of Radiology	Diagnostic Radiologist	Pending board examinations March, 1986. Residency Completion July 31, 1985.

## 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	Normandy Osteopathic Hosp's 7840 Natural Bridge Rd. St. Louis, Mo. 63121 August 1, 1983-July 31, 1985	100	Greater than 100
b. RADIATION PROTECTION	Normandy Osteopathic Hosp's 7840 Natural Bridge Rd. St. Louis, Mo. 63121 August 1, 1983-July 31, 1985	30	Greater than 100
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	Normandy Osteopathic Hosp's 7840 Natural Bridge Rd. St. Louis, Mo. 63121 August 1, 1983-July 31, 1985	20	Greater than 100
d. RADIATION BIOLOGY	Normandy Osteopathic Hosp's 7840 Natural Bridge Rd. St. Louis, Mo. 63121 August 1, 1983-July 31, 1985	24	Greater than 100
e. RADIOPHARMACEUTICAL CHEMISTRY	Normandy Osteopathic Hosp's 7840 Natural Bridge Rd. St. Louis, Mo. 63121 August 1, 1983-July 31, 1985	30	Greater than 100

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

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
Tl 201	30 mCi	As in 4B above	2 years	Diagnostic
I 123	10 mCi			
I 131	50 mCi			
Ga 67	20 mCi			
Co 57	5 mCi			
Tc 99m	1000 mCi			
Mo 99m	1000 microCi			
In 111	20 mCi (Oxine, DTPA, Chloride)			

## 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

David E. Gideon, D.O.

STREET ADDRESS

Normandy Osteopathic Hospitals  
7840 Natural Bridge Rd.

CITY

STATE

ZIP CODE

St. Louis

Mo.

63121

## 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	CONDITIONS DIAGNOSED OR TREATED	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION	COMMENTS
A	B	C	(Additional information or comments may be submitted in duplicate on separate sheets.) D
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION	20	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME		
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES		
	IN VITRO STUDIES	100	
OTHER			
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING	10	
P-32	EYE TUMOR LOCALIZATION		
Se-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY In 111 DTPA	5	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	25	
OTHER			
Tc-99m	BRAIN IMAGING	70	
	CARDIAC IMAGING	60	
	THYROID IMAGING	120	
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING	100	
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	200	
	LUNG IMAGING	40	
	BONE IMAGING	350	
OTHER	Tc Desida	25	

# 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 (Colloidal)	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		
	TELE THERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	27	
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	14	
Other In 111-Oxine Leukocytes	Abscess, Lymphoma	2	

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

August 1, 1983 - July 31, 1985  
Greater than 500 hours

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

### a. NAME OF SUPERVISOR

Albert N. Sandler, D.O.

### b. NAME OF INSTITUTION

Normandy Osteopathic Hospitals

### c. MAILING ADDRESS

7840 Natural Bridge Rd.

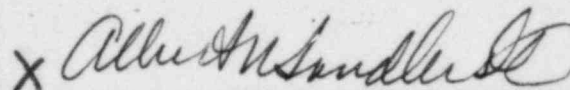
### d. CITY

St. Louis, Mo. 63121

### 5. MATERIALS LICENSE NUMBER(S)

24-04584-01

## 6. PRECEPTOR'S SIGNATURE

X 

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

X Albert N. Sandler, D.O.

## 8. DATE

4-12-85