

**MEMORIAL HOSPITAL**  
And Health Care Center  
Owned and Operated by the Sisters of the Little Company of Mary, Inc.

PUBLIC

BJH  
10-16-96

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

Date: 10-8-96

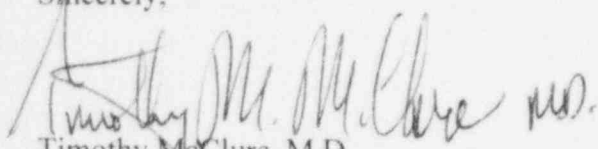
RE: USNRC Materials License No. 13-09274-03

Dear Sir/Madam:

Please add Doctor William E. Lehmkuhler as an authorized user of this facility for radioactive materials identified as 35.100 AND 35.200 (limited to cardiovascular clinical procedures excluding Xe-133). The preceptor statements A and B are enclosed for your review along with an amendment fee of \$440.00. The credentials of Doctor Lehmkuhler have been reviewed and approved by the Radiation Safety Committee on Oct. 4, 1996, in compliance with 10 CFR 35.22 (b) (2) (i) and 10 CFR 35.22 (b) (2) (ii).

If you have any questions, please feel free to contact me at 812-482-0547 or Mr. Edward E. Wroblewski, Nuclear Medicine Consultant, Medical Physics Consultants, Inc. At 313-662-3197.

Sincerely,

  
Timothy McClure, M.D.  
Radiation Safety Officer

enc.

RECEIVED

OCT 15 1996

REGION III

9610290142 961008  
PDR ADOCK 03012106  
C PDR

290002

Pm: 10-11-96

ck# 187786

BIG CITY TECHNOLOGY WITH THAT SPECIAL SMALL TOWN TOUCH

800 West 9th Street ▲ Jasper, Indiana 47546 ▲ 812/482-2345

OCT 15 1996

ml  
31 DH

TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICERApproved by OMB  
3150-0041  
Expires 6-30-89

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER		2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE		
3. CERTIFICATION				
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C		
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	University of Louisville & Affiliated Hospitals 9/94 - 6/95	120	250	
b. RADIATION PROTECTION	University of Louisville & Affiliated Hospitals 9/94 - 6/95	40	90	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	University of Louisville & Affiliated Hospitals 9/94 - 6/95	20	60	
d. RADIATION BIOLOGY	University of Louisville & Affiliated Hospitals 9/94 - 6/95	30	10	
e. RADIOPHARMACEUTICAL CHEMISTRY	9/94 - 6/95	40	90	
5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
Thallium 201 Technetium 99m Cobalt 57 Cesium 137		University of Louisville & Affiliated Hospitals 7/1/93 - 6/30/96	500 Hours	Clinical Studies

## 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 E. Lehmkuhler

STREET ADDRESS

902 Main Street

CITY

Jasper

STATE

IN

ZIP CODE

47546

## 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		
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME		
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES		
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING		
P-32	EYE TUMOR LOCALIZATION		
Sr-90	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES		
OTHER			
Tc99m Tl 201	BRAIN IMAGING		
	CARDIAC IMAGING (Perfusion)	149 260	
	THYROID IMAGING		
Tc-99m	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING	43	
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING		
	LUNG IMAGING		
	BONE IMAGING		
OTHER			

## PRECEPTOR STATEMENT

Approved by OMB  
3150-0041  
Expires 9-30-86

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I-131	THYROID IMAGING		
P-32	EYE TUMOR LOCALIZATION		
Se-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES		
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	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING		
	LUNG IMAGING		
OTHER	BONE IMAGING		

DATE: 10-16-96

CORRESPONDENCE CLARIFICATION SHEET

REVIEWER: BJ HOLT  
LICENSEE: MEM Hosp  
LICENSE NUMBER: 13-09274-03

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 started.

☐ 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 \_\_\_\_\_.  
(This is a Notification)

☐ Process in as a new licensing action:

- A. Amendment \_\_\_\_\_  
B. Renewal \_\_\_\_\_  
C. New License Application \_\_\_\_\_

☐ Other: \_\_\_\_\_

Thank You For Your Help!!!

10/16/96

# MEMORIAL HOSPITAL

And Health Care Center

Owned and Operated by the Sisters of the Little Company of Mary, Inc.

800 West 9th Street ▲ Jasper, Indiana ▲ 812/482-2345

THE DUBOIS COUNTY BANK  
JASPER, IND. 47546

71-453  
839

187786

Check Number    Date

AMOUNT

187786    10/10/96\*\*\*\*\*440 AND 00/100

\*\*\*\*\*440.00

LITTLE COMPANY OF MARY OF INDIANA, INC.

PAY TO  
THE  
ORDER  
OF


U.S. NUCLEAR REGULATORY

COMMISSION

801 WARRENVILLE ROAD

LISLE

IL 605324351



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*Sent to  
HQ fees  
for refund.  
10-21-96  
SH*