

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - _____

SUBJECT: VOIDED APPLICATION _____

✓
VOIDED BEFORE
Review

Control Number: 301119

Applicant: St. ANTHONY Hospital

License Number: 13-13144-02

Docket Number: 030-09928

Date Voided: 23 SEPT. 1996

Reason for Void: DUPLICATE TO CONTROL 301200

W.P. Reichhold
Signature

23 Sept. 1996
Date

Attachment:
Official Record Copy of
Voided Action

FOR LFMB USE ONLY

- ☐ Refund Authorized and processed
☐ No Refund Due
☒ Fee Exempt or Fee Not Required

Comments: _____

Log completed ✓
Processed by: SAC 10/2/96

9610070063 960923
PDR ADDCK 03009928
C PDR

ML 30
SD

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM
AND
REGIONAL LICENSING SECTIONS

PROGRAM CODE: 02120
STATUS CODE: 0
FEE CATEGORY: 7C 2B
EXP. DATE: 20001130
FEE COMMENTS: CODE 21
DECOM FIN ASSUR REQD: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

APPLICANT/LICENSEE: ST. ANTHONY HOSPITAL
RECEIVED DATE: 960318
DOCKET NO: 3009928
CONTROL NO.: 301119
LICENSE NO.: 13-13144-02
ACTION TYPE: AMENDMENT

2. FEE ATTACHED

AMOUNT: ~~-----~~
CHECK NO.: ~~-----~~

3. COMMENTS

SIGNED D. Hershey
DATE 3-27-96

B. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED / /)

1. FEE CATEGORY AND AMOUNT:

~~7C 2B~~ **FEE NOT REQUIRED**

2. CORRECT FEE PAID / APPLICATION MAY BE PROCESSED FOR:

AMENDMENT ☒
RENEWAL ☐
LICENSE ☐

3. OTHER

SIGNED SC
DATE 3/27/96

RECEIVED
APR 02 1996
REGION III

RECEIVED BY LFDCB	
Date	March 26, 1996
Log	Mar 19 III
By	SC
Date Completed	3/27/96



Saint Anthony Hospital and Health Centers

301 West Homer Street, Michigan City, Indiana 46360

219-879-8511

March 7, 1996

Licensing Section
U.S. Nuclear Regulatory Commission
Region III
801 Warrenville Road
Lisle, IL 60532-4351

Re: License #13-13144-02
Control # 398383

Gentlemen:

In follow up to our recent license renewal, we are providing additional information on physician users to increase coverage. We understand this change can be made without an additional amendment fee, using control #398383.

1. Enclosed is a copy of the American Board of Radiology certificate to list Esther Lee as a physician user.
2. Enclosed is a copy of preceptor forms for 5 cases of I-131 carcinoma therapy treatments to list Richard L. Dobben, M.D. for this authorization.

Thank you, and we look forward to receiving this amendment.

Sincerely,

John Kessler
Chief Operating Officer

ADD'L info-398383
FEE NOT REQUIRED

RECEIVED

MAR 18 1996

REGION III

301119

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

Esther Hymn Jung Lee, M.D.

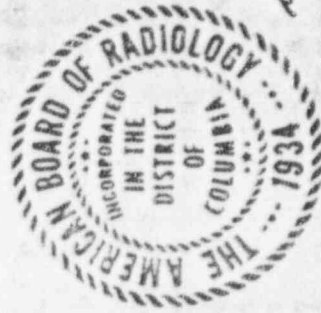
Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of

The American Board of Radiology

On this seventh day of November, 1995

Thereby demonstrating to the satisfaction of the Board
that she is qualified to practice the specialty of

Diagnostic Radiology



Laughlin Maynard, M.D. President

William J. Russell, M.D. Secretary-Treasurer

W. Paul Capps, M.D. Executive Director



EXHIBIT 2
SUPPLEMENT A

SUPPLEMENT

U.S. NUCLEAR REGULATORY COMMISSION

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER

DR. RICHARD L. DOBBEN MD

2. FOR PHYSICIANS, STATE OR
TERRITORY WHERE LICENSED

3. CERTIFICATION

SPECIALTY BOARD
ACATEGORY
BMONTH AND YEAR CERTIFIED
C

Radiology

Diagnostic Imaging

11-93

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING
ALOCATION AND DATE(S) OF TRAINING
B

TYPE AND LENGTH OF TRAINING

CLOCK HOURS IN
LECTURE OR
LABORATORYCLOCK HOURS OF
SUPERVISED
ON-THE-JOB
EXPERIENCEa. RADIATION PHYSICS AND
INSTRUMENTATIONUniv. of Illinois
mercy HOSP.

24

1000

b. RADIATION PROTECTION

Univ. Ill.
mercy

10

1000

c. MATHEMATICS PERTAINING TO
THE USE AND MEASUREMENT
OF RADIOACTIVITYUniv. Ill.
mercy

6

1000

d. RADIATION BIOLOGY

Univ. Ill.
mercy

10

1000

e. RADIOPHARMACEUTICAL
CHEMISTRYUniv. Ill.
mercy

20

1000

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

ISOTOPE	mCi USED AT ONE TIME	LOCATION	CLOCK HOURS	TYPE OF USE
Tc 99m	30	Univ. of Illinois	700	Supervision
	25	mercy	300	Supervision
Tl 201	4	Univ. Ill.	1000	Supervision
Ga 67	6	"	1000	"
Xe 133	30	"	"	"
In 111	3	"	"	"
Tl 123	2	"	"	"
I 131	200	"	"	"

EXHIBIT 3

SUPPLEMENT B

PROPOSED

SUPPLEMENT

U. S. NUCLEAR REGULATORY COMMISSION

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. PROPOSED PHYSICIAN USER'S NAME AND ADDRESS

FULL NAME

DR. RICHARD L. DOBREN MD

STREET ADDRESS

916 WASHINGTON STREET

CITY

STATE

ZIP CODE

MICHIGAN CITY,

IND

46360

KEY TO COLUMN C

PERSONAL PARTICIPATION SHOULD CONSIST OF:

1-Supervised examination of patients to determine the suitability for radiopharmaceutical 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 sheet.) D
	Thyroid scan	50	
	Thyroid uptake	50	
	Lung perfusion scan	100	
	Xenon ventilation study	100	
	Aerosol ventilation scan	0	
	Renal flow scan	40	
	Brain scan	10	
	Liver/spleen scan	40	
	Bone scan	200	
	Gastroesophageal study	20	
	LeVeen shunt study	0	
	Cystogram	2	
	Dacryocystogram	0	
	Cardiac perfusion scan.	200	
	Cardiac stress ventriculogram	250 20	
	Cardiac rest ventriculogram	150	
	Gallium scan	40	

EXHIBIT 3 (Continued)

PROPOSED PHYSICIAN USER

DR. RICHARD L. DOBBEN MD

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 POLYCYTHÉMIA VERA, LEUKEMIA, AND BONE METASTASES	0	
P-32 (Colloid)	INTRACAVITARY TREATMENT	0	
I-131	TREATMENT OF THYROID CARCINOMA	5	
	TREATMENT OF HYPERTHYROIDISM	20	
Au-198	INTRACAVITARY TREATMENT	0	
Co-60 or Co-137	INTERSTITIAL TREATMENT	0	
	INTRACAVITARY TREATMENT	0	
I-125 or Ir-192	INTERSTITIAL TREATMENT	0	
Co-60 or Co-137	TELETHERAPY TREATMENT	0	
Sr-90	TREATMENT OF EYE DISEASE	0	
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	50	
Sn-113/ In-113m	GENERATOR	0	
Tc-99m	REAGENT KITS	50	
Other			

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

LOCATION	DATES	CLOCK HOURS OF EXPERIENCE
University of Illinois Hospital	8/89; 10/91; 12/91; 2/92	
Mercy Hospital	6/90 ; 2/93	1000

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

A. NAME OF SUPERVISOR

Steven Pinsky = J. Pavel

B. NAME OF INSTITUTION

University of Illinois

C. MAILING ADDRESS

1240 W. Taylor

Chicago IL

E. MATERIALS LICENSE NUMBER(S)

12-00088-46

F. PRECEPTOR'S SIGNATURE

Steven Pinsky

G. PRECEPTOR'S NAME (Print type or print)

STEVEN P. WSKY

Jan G. Pavel M.D.

H. DATE

12-2-93

7-28-94

EXHIBIT 3 (Continued)

PROPOSED PHYSICIAN USER

DR. RICHARD L. DOBBEN MD

PRECEPTOR STATEMENT (Continued)

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

ISOTOPE	CONDITIONS DIAGNOSED OR TREATED	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.)
A	B	C	D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	0	
P-32 (Colloid)	INTRACAVITARY TREATMENT	0	
I-131	TREATMENT OF THYROID CARCINOMA	5	
	TREATMENT OF HYPERTHYROIDISM	20	
Au-198	INTRACAVITARY TREATMENT	0	
Co-60 or Cs-137	INTERSTITIAL TREATMENT	0	
	INTRACAVITARY TREATMENT	0	
I-125 or Ir-192	INTERSTITIAL TREATMENT	0	
Co-60 or Cs-137	TELETHERAPY TREATMENT	0	
Sr-90	TREATMENT OF EYE DISEASE	0	
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	50	
Sr-90/ Y-90	GENERATOR	0	
Tl-201	REAGENT KITS	50	
Other			

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

LOCATION	DATES	CLOCK HOURS OF EXPERIENCE
University of Illinois Hospital	8/89; 10/91; 12/91; 2/92	
Mercy Hospital	6/90 ; 2/93	1000

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

E. PRECEPTOR'S SIGNATURE

A. NAME OF SUPERVISOR

Steven Pinsky — J. G. Pavel

B. NAME OF INSTITUTION

University of Illinois

C. MAILING ADDRESS

1240 W. Taylor

D. CITY

Chicago, IL

F. PRECEPTOR'S NAME (Print type or print)

STEVEN P. WSKY

J. G. Pavel M.D.

G. DATE

12-2-93

7-28-94

H. MATERIALS LICENSE NUMBER(S)

12-00088-46

339 CSN, M/C 932, Ext. 6-7429

UIC Radiation Safety Office

RENEWAL OF AUTHORIZATION FOR THE
HUMAN USE OF RADIOACTIVE MATERIALS

Project Director: Dan Pavel, MD
Nuclear Medicine Section
2500 UIH, M/C 931

Project Number RPH-088

Phone(s): 6-3965

AUTHORIZATION SUMMARY

Radionuclides and Possession Limits	Authorized Personnel	Authorized Labs
See section titled "AUTHORIZED RADIONUCLIDES AND POSSESSION LIMITS"	See section titled "AUTHORIZED PERSONNEL"	See section titled "AUTHORIZED USE LOCATIONS"

The relevant aspects of this authorization were reviewed with Dr. Pavel and Mr. Ken Markwell on October 19, 1987, January 12, April 21, May 18 and May 20, 1988. The Project Director has reviewed this document and agrees to follow the requirements and recommendations listed in this document, the UIC Radiation Safety Manual and the policies of the Radiation Safety Committee and the Radiation Safety Office. All authorized personnel must understand and follow the same.

Joseph Alappan 5-25-88
Project Reviewer Date

[Signature]
Project Director Date

THIS AUTHORIZATION EXPIRES ON
5-30-89

Approved:

RC Barrall
Raymond C. Barrall, Director
Radiation Safety Office

5-25-88
Date

Radiation Safety Office, 339 CSN, M/C 932, Ext. 6-7429

**RENEWAL OF AUTHORIZATION
FOR THE HUMAN USE OF RADIOACTIVE MATERIALS**

Project Director: D. PAVEL
NUCLEAR MEDICINE
2500 UIH, Mail Code: 931

Project Number: RPH-088
Phone(s): 6-3965

AUTHORIZATION SUMMARY

Radio-nuclides	Possession Limits (mCi)	Authorized Project Personnel	Authorized Facilities
As listed in the following pages of this document , last renewal.		DAN PAVEL, MD * JOY BRALEY * JEFF RELLIS * KODANALLUR SUBRAMANIAN, MD *	13B BRL 88K BRL 2500-1 UIH 2500-2 UIH 2500-3 UIH 2500-4 UIH 2500-5 UIH 2500-6 UIH 2519 UIH 2519A UIH 2519C UIH 685E UIH 687E UIH 689E UIH 691E UIH 693E UIH

* Approved training has been completed. Other listed personnel must attend the UIC Radiation Safety Seminars the next time offered.

Relevant radiation safety considerations for this project and conditions of the authorization were reviewed with Dr. Pavel and Jeff on May 24, 1989.

The project director has read and agrees to follow the conditions of this renewal, prior renewals and applications, and the UIC Radiation Safety Manual. All authorized project personnel must also read and agree to follow these documents.

Gene Santilli
Project Reviewer*5/25/89*
Date*[Signature]*
Project Director

Date

THIS AUTHORIZATION EXPIRES ON

6-30-90

Approved:

Raymond C Barrall
Raymond C. Barrall, Director
Radiation Safety Office*5-26-89*
Date

RADIATION PROJECT AUTHORIZATION RENEWAL, RPH-088 continued

Page 2

Relevant radiation safety considerations for this project and conditions of the authorization were reviewed with Mark Bialek on July 19, 1991.

The project director has read and agrees to follow the conditions of this renewal, prior renewals and applications, and the UIC Radiation Safety Manual. All authorized project personnel must also read and agree to follow these documents.

Randy Bennett
Project Reviewer

7-25-91
Date

Mark
Project Director

8-12-91
Date

THIS AUTHORIZATION EXPIRES ON

02-15-1993

Approved:

David J. Dorsey
Raymond C. Barrall, Director
Radiation Safety Office

08/15/91
Date

RENEWAL OF AUTHORIZATION FOR THE HUMAN USE OF RADIOACTIVE MATERIALS

Project Director: D. PAVEL
NUCLEAR MEDICINE
2500 UIH, Mail Code: 931

Project Number: RPH-088
Phone(s): 6-3965

AUTHORIZATION SUMMARY

AS OF 1:27 PM ON 07-25-1991

Radio-nuclides	Possession Limits (mCi)	Authorized Project Personnel	Authorized Facilities
Au-195♦♦	5.	DAN PAVEL, MD *	13B BRL
Ba-133♦♦	1.	MARK BIALEK	88K BRL
Ce-141♦	2.	HENRY BRIELE, MD *	2500-1 UIH
Co-57♦♦	30.	MARK FRIEDMAN *	2500-2 UIH
Co-57	1.	THADIORA JOHNSON *	2500-3 UIH
Co-58	2.	TIMOTHY O'DOWD *	2500-4 UIH
Co-60♦♦	1.	BHUPENDRA PATEL *	2500-5 UIH
Co-60	1.	JEFF RELLIS *	2500-6 UIH
Cr-51	10.	SURAPOL TANTAYAKOM *	2519 UIH
Cs-137♦♦	0.5	DONALD TREPASHKO, MD *	2519A UIH
Ga-67	200.		2519C UIH
Ga-67♦	20.		685E UIH
Gd-153♦	2000.		687E UIH
Gd-153♦	1.		689E UIH
Hg-203♦	50.		691E UIH
I-123	130.		693E UIH
I-125	10.		
I-125♦	10.		
I-131	610.		
I-131♦	50.		
In-111	50.		
In-111♦	5.		
Mn-54♦♦	1.		
Mo-99	5000.		
Na-22♦♦	1.		
P-32	100.		
Ra-226♦♦	0.018		
Rb-81m	20.		
Tc-99m	5000.		
Tc-99m♦	100.		
Tl-201	100.		
Tl-201♦	10.		
Xe-127	100.		
Xe-133	1200.		

♦ Sealed Source Authorization

♦ Nonhuman Use Authorization Only

* Approved training has been completed. Other listed personnel must attend the UIC Radiation Safety Seminars the next time offered.

continued on Page 2

RENEWAL OF AUTHORIZATION FOR THE HUMAN USE OF RADIOACTIVE MATERIALS

Project Director: D. PAVEL
NUCLEAR MEDICINE
2500 UIH, Mail Code: 931

Project Number: RPH-C-8
Phone(s): 6-3965

AUTHORIZATION SUMMARY

Radio-nuclides	Possession Limits (mCi)	Authorized Project Personnel	Authorized Facilities
As listed in the following pages of this document		DAN PAVEL, MD * JOY DRALEY * HENRY BRIELE, MD * MARK FRIEDMAN * CHARLES JENKINS * THADIORA JOHNSON * BHUPENDRA PATEL * JEFF RELLIS * SURAPOL TANTAYAKOM * DONALD TREPASHKO, MD * <i>Timothy O'Dowd</i>	13B BRL 88K BRL 2500-1 UIH 2500-2 UIH 2500-3 UIH 2500-4 UIH 2500-5 UIH 2500-6 UIH 2519 UIH 2519A UIH 2519C UIH 685E UIH 687E UIH 689E UIH 691E UIH 693E UIH

* Approved training has been completed. Other listed personnel must attend the UIC Radiation Safety Seminars the next time offered.

Relevant radiation safety considerations for this project and conditions of the authorization were reviewed with Jeff Rellis on July 12, 1990.

The project director has read and agrees to follow the conditions of this renewal, prior renewals and applications, and the UIC Radiation Safety Manual. All authorized project personnel must also read and agree to follow these documents.

David J. Perens
Project Reviewer

07/12/90
Date

[Signature]
Project Director

7-18-90
Date

THIS AUTHORIZATION EXPIRES ON

7-30-91

Approved:

R C Barrall
Raymond C. Barrall, Director
Radiation Safety Office

7-27-90
Date

CONVERSATION RECORD

TIME

DATE

Morning 5 April 1996

☐ VISIT☐ CONFERENCE☒ TELEPHONE☐ INCOMING☒ OUTGOING

NAME OF PERSON(S) CONTACTED OR IN CONTACT

ORGANIZATION (OFFICE, DEPT., ETC.)

TELEPHONE NO.

June Synder

ST. Anthony Hospital

(219) 879-8511

Amy Johns

Synder (219) 877-1512

SUBJECT

Clarification of information in request.

SUMMARY

The following additional information was needed to complete the review of the licensee's amendment request.

1. What types of authorization does Dr. Ester Lee wish? Is the material in 35.100 and 35.200 O.K.? *WANTS 35.100, 36.200, 35.500, 36.11 AND 35.100-131 FOR TREATMENT OF Hypothyroidism*
2. Please submit a copy of Dr. Lee's license to practice medicine in the State of Indiana.
3. What is the University of Chicago authorization permits for?

for Dr. Babbar.

ACTION REQUIRED

Phone call.

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

Bill Reich hold

and P
| 5 April 1996

|

Bill Reichhold

ACTION TAKEN

Requested that licensee respond to the above with 15 days and refer to mail control 301119.

SIGNATURE

TITLE

DATE