

MATERIALS LICENSE

Amendment No. 43

Pursuant to the Atomic Energy Act of 1954, as amended, the Energy Reorganization Act of 1974 (Public Law 93-438), and Title 10, Code of Federal Regulations, Chapter I, Parts 30, 31, 32, 33, 34, 35, 36, 39, 40, and 70, and in reliance on statements and representations heretofore made by the licensee, a license is hereby issued authorizing the licensee to receive, acquire, possess, and transfer byproduct, source, and special nuclear material designated below; to use such material for the purpose(s) and at the place(s) designated below; to deliver or transfer such material to persons authorized to receive it in accordance with the regulations of the applicable Part(s). This license shall be deemed to contain the conditions specified in Section 183 of the Atomic Energy Act of 1954, as amended, and is subject to all applicable rules, regulations, and orders of the Nuclear Regulatory Commission now or hereafter in effect and to any conditions specified below.

Licensee

1. Luther Hospital

2. 1221 Whipple St.
Eau Claire, WI 54701In accordance with letter dated
September 4, 19963. License Number 48-02122-05 is amended in
its entirety as follows:

4. Expiration Date January 31, 2004

5. Docket or
Reference No. 030-034266. Byproduct, Source, and/or
Special Nuclear Material7. Chemical and/or Physical
Form8. Maximum Amount that Licensee
May Possess at Any One Time
Under This LicenseA. Any byproduct material
identified in 10 CFR
35.100A. Any radiopharmaceutical
identified in 10 CFR
35.100

A. As needed

B. Any byproduct material
identified in 10 CFR
35.200B. Any radiopharmaceutical
identified in 10 CFR
35.200 (excluding
xenon-133)

B. As needed

C. Any byproduct material
identified in 10 CFR
35.300C. Any radiopharmaceutical
identified in 10 CFR
35.300C. As needed
(not to exceed
1 curie of I-131)D. Any byproduct material
identified in 10 CFR
35.400D. Any brachytherapy
sources identified in
10 CFR 35.400

D. As needed

9. Authorized Use:

A. Medical use described in 10 CFR 35.100.

B. Medical use described in 10 CFR 35.200 (excluding xenon-133).

C. Medical use described in 10 CFR 35.300.

D. Medical use described in 10 CFR 35.400.

CONDITIONS

10. Licensed material shall be used only at the licensee's facilities located at
1221 Whipple St., Eau Claire, Wisconsin.

060048

9611060151 961016
PDR ADOCK 03003426
C PDR

COPY

2 ml
30
SD

MATERIALS LICENSE
SUPPLEMENTARY SHEET

License Number

48-02122-05

Docket or Reference Number

030-03426

Amendment No. 43

11. Radiation Safety Officer: Vareed Perinchery, M.S.
12. Licensed material listed in Item 6 above is only authorized for use by, or under the supervision of, the following individuals for the materials and uses indicated:

Authorized UsersMaterial and Use

- | | |
|-----------------------------|--|
| A. Steve J. Folz, M.D. | 10 CFR 35.100 and 35.200 (excluding xenon-133). |
| B. Randall Casper, M.D. | 10 CFR 35.300 (excluding iodine-131 for treatment of thyroid carcinoma). |
| C. David Cattau, M.D. | 10 CFR 35.300 and 35.400. |
| D. Mark C. Steinmetz, M.D. | 10 CFR 35.300 and 35.400. |
| E. Alon Coppens, M.D. | 10 CFR 35.100 and 35.200 (excluding xenon-133). |
| F. Paul Mulcahy, M.D. | 10 CFR 35.100 and 35.200 (excluding xenon-133). |
| G. Perry L. Kyser, M.D. | 10 CFR 35.100 and 35.200 (excluding xenon-133). |
| H. Yuri Ripeckyj, M.D. | 10 CFR 35.100 and 35.200 (excluding xenon-133). |
| I. Thomas P. Nobrega, M.D. | 10 CFR 35.100 and 35.200 (excluding xenon-133). |
| J. Ronald P. Seningen, M.D. | 10 CFR 35.100 and 35.200 (excluding xenon-133). |
| K. Mark Bildsoe, M.D. | 10 CFR 35.100 and 35.200 (excluding xenon-133). |
| L. Jeffrey T. Goodwin, M.D. | 10 CFR 35.100 and 35.200 (excluding xenon-133). |
| M. David Winter, M.D. | 10 CFR 35.100, 35.200 (excluding xenon-133) and 35.300. |

**MATERIALS LICENSE
SUPPLEMENTARY SHEET**

License Number

48-02122-05

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13. Survey instrument calibration shall be performed by R.S.S.I or by other persons specifically licensed by the Commission or an Agreement State to perform such services.
14. The licensee shall establish and implement the ALARA program that was published in Appendix G to Regulatory Guide 10.8, Revision 2.
15. The licensee shall establish and implement the model procedure for radiation safety during radiopharmaceutical therapy that was published in Appendix P to Regulatory Guide 10.8, Revision 2.
16. The licensee shall establish and implement the model procedure for radiation safety during implant therapy that was published in Appendix Q to Regulatory Guide 10.8, Revision 2.
17. In addition to the possession limits in Item 8, the licensee shall further restrict the possession of licensed material to quantities below the minimum limit specified in 10 CFR 30.35(d) for establishing decommissioning financial assurance.
18. Except as specifically provided otherwise in this license, the licensee shall conduct its program in accordance with the statements, representations, and procedures contained in the documents, including any enclosures, listed below, except for minor changes in the medical use radiation safety procedures as provided in 10 CFR 35.31. The Nuclear Regulatory Commission's regulations shall govern unless the statements, representations, and procedures in the licensee's application and correspondence are more restrictive than the regulations.
 - A. Application dated October 15, 1993; and
 - B. Letters dated November 29, 1993, December 16, 1993, December 27, 1993 (with attachments), March 4, 1994, May 25, 1995, and January 19, 1996 (with attachments).

FOR THE U.S. NUCLEAR REGULATORY COMMISSION

Date October 16, 1996

By

Richard R. Motson
Nuclear Materials Licensing Branch, Region III

(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
Exp. Date: 20040131
Fee Comments:
Decom Fin Assur Req'd: N

R9
21

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: LUTHER HOSPITAL
Received Date: 960913
Docket No: 3003426
Control No.: 301825
License No.: 48-02122-05
Action Type: Amendment

2. FEE ATTACHED

Amount: 430
Check No.: 145318

3. COMMENTS

Signed
Date

D. Hersey
9-16-96

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered 1/1)

1. Fee Category and Amount: 7C 440

2. Correct Fee Paid. Application may be processed for:
Amendment ☒
Renewal ☐
License ☐

3. OTHER

Signed
Date

SC
10/21/96

1996 SEP 20 AM 11:56

OCT 28 1996

Log	Sep 7 III
Remitter	
Check No.	145318 147016
Amount	430* 410
Fee Category	7C
Type of Fee	AMD
Date Check Rec'd	9/20/96
Date Completed	10/21/96
By:	SC

LICENSE FEE REQUIREMENTS

LICENSE FEE AND DEBT COLLECTION BRANCH
DIVISION OF ACCOUNTING AND FINANCE
OFFICE OF THE CONTROLLER
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001LUTHER HOSPITAL
ATTN: VAREED PERINCHERY, M.S.
RADIATION SAFETY OFFICER
1221 WHIPPLE STREET P.O. BOX 4105
EAU CLAIRE, WISCONSIN 54702-4105

R9

TYPE OF ACTION

- ☐ NEW LICENSE
- ☐ RENEWAL OF LICENSE
- ☒ AMENDMENT TO LICENSE

REQUESTED DATE

9-4-96

LICENSE NUMBER

48-02122-05

CONTROL NUMBER

301825

I. APPLICATION FEE DUE

Your request for a licensing action is subject to the fee(s) in the category(ies) noted below in accordance with Section 170.31 of the enclosed Federal Register notice. Payment of the fee is required prior to the issuance of the license, renewal, or amendment.

FEE CATEGORY	APPLICATION	RENEWAL	AMENDMENT
7C	\$	\$	\$ 440.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

FEE(s) DUE	\$	440.00
PAYMENT RECEIVED	\$	430.00
AMOUNT DUE	\$	10.00

☐ Your request was received without the prescribed application fee.

☒ We received your Check No. 145318 in the amount of \$ 430.00. Payment of the additional fee noted above is required.

☐ Your request will increase the scope of your license program. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(d)(2).

☐ Your license expired prior to the receipt of your application for renewal. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(a).

MAKE PAYMENT OF THE FEE(S) TO THE U.S. NUCLEAR REGULATORY COMMISSION AND MAIL THE PAYMENT TO THE ADDRESS LISTED AT THE TOP OF THIS FORM. IF WE DO NOT RECEIVE A REPLY FROM YOU WITHIN 30 CALENDAR DAYS FROM THE DATE LISTED BELOW, WE SHALL ASSUME THAT YOU DO NOT WISH TO PURSUE YOUR APPLICATION AND WILL VOID THIS ACTION.

SIGNATURE -- LICENSE FEE ANALYST

Shirley Crutchfield
SHIRLEY CRUTCHFIELD

II. FEE NOT REQUIRED

☐ Enclosed is Check No. _____ which accompanied your request. The fee is not required because:

☐ We received your Check No. _____ in payment of the fee.

☐ The Licensing staff has informed us that your request is to be considered as a continuation of your request dated _____, Control No. _____

☐ Your request was combined, prior to review, with your _____ request, Control No. _____

III. CHECK RETURNED

☐ Enclosed is Check No. _____ which was returned to us by the bank for:

☐ INSUFFICIENT FUNDS

☐ ACCOUNT CLOSED

☐ OTHER

MAIL THE REPLACEMENT CHECK TO THE ADDRESS LISTED AT THE TOP OF THIS FORM AND REFERENCE THE ABOVE CONTROL NUMBER.

IV. LICENSE ISSUED WITHOUT THE REQUIRED FEE

☐ License No. _____, Amendment No. _____, issued on _____ was issued without the required fee being collected. The fee required is noted in Section I of this form.

☐ The scope of your licensed program was increased. Therefore, your request is subject to the application fee(s) noted in Section I of this form. Refer to Section 170.31 and Footnote 1(d)(2).

☐ Because of the urgency of your request, the license was issued without remittance of the prescribed fee noted in Section I of this form.

DATE

(LEAVE BLANK)

Sept. 25, 1996

12-1213

001

CHECK DATE

10/09/96

CHECK NUMBER

147016

LutherHospital
MAYO HEALTH SYSTEM

FIRSTAR
WAUSAU, WI
79-1160759

AMOUNT
*****10.00

PAY

PAY TO THE
ORDER OF

U S NUCLEAR REGULATORY
COMMISSION REGION III
801 WARREN WILL RD
LISLE IL

60532-4351

JOHN E. ADAMS

⑈147016⑈ ⑆075911603⑆ 16⑈590⑈5⑈

301825

Luther Midelfort
MAYO HEALTH SYSTEM

September 4, 1996

John Mad era, Chief
U.S. Nuclear Regulatory Commission
Region III
801 Warrenville Road
Lisle, IL 60532-4351

Dear Mr. Mad era:

I wish to request an amendment to our license, #48-02122-05; adding Steve J. Folz, M.D. Enclosed is his completed preceptor statement and the required amendment fee. In addition, I wish to remove the authorized user, Peter Ullrich, M.D., from our license.

If I can be of further assistance, please do not hesitate to contact me at (715) 838-3283.

Sincerely,


Vared Perinchery, M.S.
Radiation Safety Officer

VP:sl

Attachments

c: Jay Lundberg

RECEIVED
SEP 13 1996
REGION III

Pm: 9-9-96

SEP 13 1996

Luther Hospital: 1221 Whipple St. • P.O. Box 4105 • Eau Claire, WI 54702-4105 • (715) 838-3311
Midelfort Clinic: 733 W. Clairemont Ave. • P.O. Box 1510 • Eau Claire, WI 54702-1510 • (715) 838-5222

301825

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

Steve J. Folz, M.D.

2. STATE OR TERRITORY IN
WHICH LICENSED TO
PRACTICE MEDICINE

MN

3. CERTIFICATION

SPECIALTY BOARD
ACATEGORY
BMONTH AND YEAR CERTIFIED
C

American Board of Radiology

Diagnostic Radiology

June 1996

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 June 1992 - June 1996	90	25
b. RADIATION PROTECTION	Mayo Clinic, Rochester, MN June 1992 - June 1996	30	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	Mayo Clinic, Rochester, MN June 1992 - June 1996	25	
d. RADIATION BIOLOGY	Mayo Clinic, Rochester, MN June 1992 - June 1996	30	
e. RADIOPHARMACEUTICAL CHEMISTRY	Mayo Clinic, Rochester, MN June 1992 - June 1996	25	10

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

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
Tc-99m Ga-67 In-111 I-131 Tl-201	30 mCi 10 mCi 0.5 mCi 29.9 mCi 3 mCi	Mayo Clinic Rochester, MN	June 1992 - June 1996	Diagnostic Imaging

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

Steve J. Folz, M.D.

STREET ADDRESS

113 13th Avenue NW

CITY

Rochester

STATE

MN

ZIP CODE

55901

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	10	
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING	10	
P-32	EYE TUMOR LOCALIZATION		
Se-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	25	
OTHER	In-111 WBC	13	
Tc-99m	BRAIN IMAGING	5	
	CARDIAC IMAGING	115	
	THYROID IMAGING	10	
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING		
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	20	
	LUNG IMAGING	30	
	BONE IMAGING	200	
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		
P-32 (Colloidal)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA	3	
	TREATMENT OF HYPERTHYROIDISM	6	
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	TELE THERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	0	
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	0	
Other			

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

Completed 6 months of training in Nuclear Medicine from June 1992 to June 1996

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

a. NAME OF SUPERVISOR

Brian P. Mullan, M.D.

b. NAME OF INSTITUTION

Mayo Clinic

c. MAILING ADDRESS

200 First Street SW

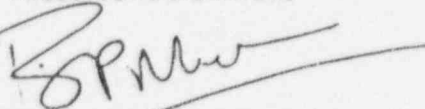
d. CITY

Rochester, MN 55905

5. MATERIALS LICENSE NUMBER(S)

22-00519-03

6. PRECEPTOR'S SIGNATURE



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

Brian P. Mullan, M.D.

8. DATE

June 26, 1996

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

Steve J. Folz, M.D.

2. STATE OR TERRITORY IN
WHICH LICENSED TO
PRACTICE MEDICINE

MN

3. CERTIFICATION

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FULL NAME

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STREET ADDRESS

113 13th Avenue NW

CITY

Rochester

STATE

MN

ZIP CODE

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	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME		
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OTHER			
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	BLOOD POOL IMAGING		
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	20	
	LUNG IMAGING	30	
	BONE IMAGING	200	
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
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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	0	
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	0	
Other			

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a. NAME OF SUPERVISOR

Brian P. Mullan, M.D.

b. NAME OF INSTITUTION

Mayo Clinic

c. MAILING ADDRESS

200 First Street SW

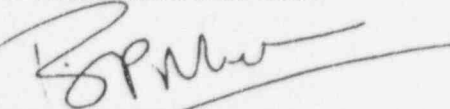
d. CITY

Rochester, MN 55905

5. MATERIALS LICENSE NUMBER(S)

22-00519-03

5. PRECEPTOR'S SIGNATURE



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

Brian P. Mullan, M.D.

8. DATE

June 26, 1996

OCT 28 1996

Vareed Perinchery
Radiation Safety Officer
Luther Hospital
1221 Whipple Street
Eau Claire, WI 54701

Dear Mr. Perinchery:

Enclosed is Amendment No. 43 to your NRC Material License No. 48-02122-05 in accordance with your request.

Please review the enclosed document carefully and be sure that you understand all conditions. If there are any errors or questions, please notify the U.S. Nuclear Regulatory Commission, Region III office at (630) 829-9887 so that we can provide appropriate corrections and answers.

Please be advised that your license expires at the end of the day, in the month, and year stated in the license. Unless your license has been terminated, you must conduct your program involving byproduct materials in accordance with the conditions of your NRC license, representations made in your license application, and NRC regulations. In particular, note that you must:

1. Operate in accordance with NRC regulations 10 CFR Part 19, "Notices, Instructions and Reports to Workers; Inspections," 10 CFR Part 20, "Standards for Protection Against Radiation," and other applicable regulations.
2. Notify NRC, in writing, within 30 days:
 - a. When an authorized user or Radiation Safety Officer permanently discontinues performance of duties under the license or has a name change; or
 - b. When the licensee's mailing address changes (no fee is required if the location of byproduct material remains the same).
3. In accordance with 10 CFR 30.36(b) and/or license condition, notify NRC, promptly, in writing, and request termination of the license when you decide to terminate all activities involving materials authorized under the license.
4. Request and obtain a license amendment before you:
 - a. Receive or use byproduct material for a clinical procedure permitted under Part 35 but not permitted by your license issuer pursuant to this Part;
 - b. Permit anyone, except individuals described in 10 CFR 35.13(b), to work as an authorized user under the license;

- c. Change Radiation Safety Officers;
 - d. Order byproduct material in excess of the amount, or radionuclide, or form different than authorized on the license;
 - e. Add or change the areas of use or address or addresses of use identified in the license application or on the license; or
 - f. Change ownership of your organization.
5. Submit a complete renewal application with proper fee or termination request at least 30 days before the expiration date of your license. You will receive a reminder notice approximately 90 days before the expiration date. Possession of byproduct material after your license expires is a violation of NRC regulations. A license will not normally be renewed, except on a case-by-case basis, in instances where licensed material has never been possessed or used.

In addition, please note that NRC Form 313 requires the applicant, by his/her signature, to verify that the applicant understands that all statements contained in the application are true and correct to the best of the applicant's knowledge. The signatory for the application should be the licensee or certifying official rather than a consultant.

You will be periodically inspected by NRC. Failure to conduct your program in accordance with NRC regulations, license conditions, and representations made in your license application and supplemental correspondence with NRC will result in enforcement action against you. This could include issuance of a notice of violation, or imposition of a civil penalty, or an order suspending, modifying or revoking your license as specified in the General Policy and Procedures for NRC Enforcement Actions. Since serious consequences to employees and the public can result from failure to comply with NRC requirements, prompt and vigorous enforcement action will be taken when dealing with licensees who do not achieve the necessary meticulous attention to detail and the high standard of compliance which NRC expects of its licensees.

Sincerely,
Original Signed By
Evelyn R. Matson
Nuclear Materials Licensing Branch

License No.: 48-02122-05
Docket No.: 030-03426

Enclosure: Amendment No. 43

DOCUMENT NAME: M:\03003426.CL6

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NAME	EMATSON:jaw								
DATE	10/16/96								

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Luther Midelfort
MAYO HEALTH SYSTEM

October 9, 1996

Ms. Evelyn R. Matson
License Reviewer
U.S.N.R.C., Region III
801 Warrenville Road
Lisle, IL 60532-4351

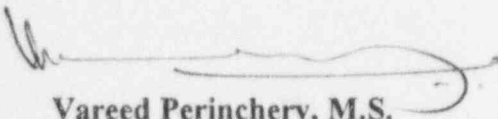
License No: 48-02122-05
Control No: 301825

Dear Ms. Matson:

As per your letter of 9/30/96, I am submitting copies of the ABR (DR) Certificate of Dr. Steve Folz for your review.

If I can be of further assistance, please do not hesitate to contact me at (715) 838-3283.

Sincerely,



Vareed Perinchery, M.S.
Radiation Safety Officer

VP:sl

RECEIVED
OCT 10 1996
REGION III

OCT 10 1996

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 Physicians in Medicine

Hereby certifies that

Steve Joseph Holz, 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 twelfth day of June, 1996

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



Diagnostic Radiology

Lawrence S. Hansen, MD Robert R. Hartley, MD M. Paul Capp. M.D.
President Secretary-Treasurer Executive Director



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Lawrence S. Hansen, M.D. President
Robert R. Hoenig, M.D. Secretary-Treasurer
Paul Capp, M.D. Executive Director



UNITED STATES NUCLEAR REGULATORY COMMISSION
REGION III
CONVERSATION RECORD

(X) TELEPHONE (X) OUTGOING () INCOMING () CONVERSATION

TIME: 3pm

DATE: 9/30/96

NAME OF PERSON(S) CONTACTED:

ORGANIZATION:

TELEPHONE NO.:

Luther Hospital
License No. 48-02122 5
Radiation Safety Officer
Vareed Perinchery, M.S.

SUBJECT:

Letter dated September 4, 1996 requesting the addition of Dr. Steve Folz as an authorized user.

SUMMARY:

The NRC needs the following additional information:

1. Please provide documentation from the American Board of Radiology that Dr. Folz received his certification in Diagnostic Radiology. Acceptable documents are either a copy of the Board Certificate or a letter from the ABR announcing his receipt of the certification.
2. Please note that based on Dr. Folz's ABR(DR) certification or based on his training and experience documented in the Supplements A and B that were submitted, he is currently qualified to use or supervise the use of byproduct material listed in 10 CFR 35.100 and 35.200 for diagnostic procedures only. If you wish to have him added for groups 35.300 or 35.400, he must submit documentation demonstrating that he meets the training and experience described in 10 CFR Part 35.930 and/or 35.940.

If you have any questions, please call me at 630-829-9822.

ACTION REQUIRED:

Please respond in writing within 15 days, provide two copies of your response and refer to Control No. 301825.

ACTION TAKEN:

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

Evelyn R. Matson
630-829-9822
fax 630-515-1259

Evelyn R. Matson
License Reviewer

9/30/96



UNITED STATES
NUCLEAR REGULATORY COMMISSION

REGION III
801 WARRENVILLE ROAD
LISLE, ILLINOIS 60532-4351

September 16, 1996

Vareed Perinchery, M.S.
Radiation Safety Officer
Luther Hospital
1221 Whipple Street
Eau Claire, WI 54701

SUBJECT: ACKNOWLEDGEMENT OF CORRESPONDENCE
(Letter Dated 09/04/96)

Dear Licensee:

In response to your request, we have completed the initial processing, which is an administrative review of your application for a(n):

☐ New License ☒ Amendment ☐ Renewal
☐ Termination ☒ Auth User (Amendment not required)
☐ Other _____

No administrative deficiencies were identified during this initial review. However, it should be noted that a technical review may identify omissions in the submitted information.

It appears that your request is routine (see 1-3 below, as applicable).

1. New and amendment actions are normally processed within 90 days, unless we find major deficiencies, or policy issues requiring central program office assistance.
2. Renewal actions are normally processed within 180 days, however, under timely filing (before expiration), you may continue to operate under your existing license.
3. Termination actions are normally processed within 90 days, unless confirmatory surveys following decontamination/decommissioning activities are involved.

A copy of your correspondence has been forwarded to our Licensing Fee and Debt Collection Branch (301/415-6097) for approval of the fee category and amount, if required.

If you have a compelling safety or business-related reason for requesting expedited review, please contact the Materials Licensing Branch at (630) 829-9887. We will try to complete your request as soon as practicable. Any correspondence about this request should reference the control number.

Nuclear Materials Support Branch

Mail Control No. 301825
License No. 48-02122-05