



**ST. VINCENT HOSPITAL AND MEDICAL CENTER**

TOLEDO, OHIO 43608

June 14, 1983

John E. Bowyer  
Nuclear Regulatory Commission  
Region III  
Licensing Division  
799 Roosevelt Road  
Glen Ellyn, Illinois 60137

RE: Byproduct Materials License No. 34-01216-03  
St. Vincent Hospital and Medical Center  
2213 Cherry Street  
Toledo, Ohio 43608

Dear Mr. Bowyer:

St. Vincent Hospital and Medical Center would like to amend its  
Byproducts Materials License as per Attachments A through D to this  
letter.

Enclosed please find the \$40.00 amendment fee as per Section 170.31

(7B) of 10 CFR 170.

Sincerely,

*Allen Johnson*

Allen Johnson  
Executive Administrator  
St. Vincent Hospital and  
Medical Center

RECEIVED BY REGION	<u>III</u>	Applicant	
Date	<u>7/1/83</u>	Check No.	<u>118137</u>
Log	<u>July 1</u>	Amount/Fee Category	<u>\$40.00</u>
By	<u>Cap</u>	Type of Fee	<u>Amendment</u>
Orig. To	<u>ML 7/1/83</u>	Date Check Rec'd	<u>7/1/83</u>
Action Compl.	<u>Cap</u>	Received By	<u>Cap</u>

P.S. Please address any communications concerning this amendment request  
to K.J. Williford, M.S., Radiation Physicist, Department of Nuclear  
Medicine, St. Vincent Hospital and Medical Center.

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REG3 LIC30  
34-01216-03 PDR

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REGION III

AJ/jfp

Control No. 75159



**ST. VINCENT HOSPITAL AND MEDICAL CENTER**

TOLEDO, OHIO 43608

Attachment A. Amendment to add an Authorized User to the License

St. Vincent Hospital and Medical Center wishes to add T.T. Loh, M.D. to its license as an authorized user. Supplements A and B for this physician are attached.

TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER <b>Terence T. Loh, M.D.</b>	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE <b>Ohio, Pennsylvania</b>
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3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
Diagnostic Radiology AMERICAN BOARD OF RADIOLOGY	AMERICAN BOARD OF RADIOLOGY DIAGNOSTIC RADIOLOGY	June, 1981

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 Health Center of Pitts. 1979 - 1980	90 hrs total (30 hr/yr)	30 hrs total (10 hr/yr)
b. RADIATION PROTECTION	same	45 hrs total (15 hr/yr)	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	same	15 hrs total	
d. RADIATION BIOLOGY	same	30 hrs total	
e. RADIOPHARMACEUTICAL CHEMISTRY	same	30 hrs total	

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-131	200 mCi	University Health Center of Pittsburgh	4 months	Diagnostic and Therapeutic
I-125	150 $\mu$ Ci			
Tc-99m	200 Ci			
Yb-169	100 $\mu$ Ci			
Xe-133	20 mCi			
Ga-67	70 $\mu$ Ci			
Se-75	250 $\mu$ Ci			
P-32	5 mCi			

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

TERENCE TERNG-YUN LOH

STREET ADDRESS

7043 DUNSTANS LANE

CITY

TOLEDO

STATE

OHIO

ZIP CODE

43617

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	18	
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES	105	
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING	59	
P-32	EYE TUMOR LOCALIZATION		
Se-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY	9	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	65	
OTHER			
Tc-99m	BRAIN IMAGING	39	
	CARDIAC IMAGING	62	
	THYROID IMAGING	75	
	SALIVARY GLAND IMAGING	1	
	BLOOD POOL IMAGING		
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	220	
	LUNG IMAGING	77	
	BONE IMAGING	396	
OTHER	MECKEL'S DIVERTICULUM	11	

# 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	1	
P-32 (Colloidal)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA	5	
	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	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	10	
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	5	
Other			

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

11-1-79 through 12-31-79 and 2-++80 through 3-31-80  
TOTAL HOURS approximately 730

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

a. NAME OF SUPERVISOR

Lewis W. Gumerman, M.D.

b. NAME OF INSTITUTION

Dept. of Nuclear Medicine

Presbyterian University Hospital

c. MAILING ADDRESS

University Health Center  
of Pittsburgh, DeSoto At O'Hara Street

d. CITY

Pittsburgh, Pennsylvania 15213

5. MATERIALS LICENSE NUMBER(S)

37-00245-02

6. PRECEPTOR'S SIGNATURE

*Lewis W. Gumerman*

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

Lewis W. Gumerman, M.D.

8. DATE

6/22/83





**ST. VINCENT HOSPITAL AND MEDICAL CENTER**

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Attachment B. Amendment to Application for Byproducts Materials License  
submitted October 27, 1978.

1. Attachment D. Item 9a. Survey Instruments

Add a new survey instrument:

- 5. Manufacturer's Name: Eberline
- Manufacturer's Model No.: E-520
- Number of Instruments Available: 1
- Maximum Range: 2000 mR/hr
- Minimum Range: .2 mR/hr

2. Attachment E. Item 10b. Dose Calibrator

Amend in its entirety to read:

Calibration of Dose Calibrator

Source Used for Linearity test: 20-25 mCi Tc 99m

Sources Used for Instrument Accuracy and Consistency Tests

Radionuclide	Activity	Accuracy
Ra-226	15.9 uCi	+5%
Co-57	5.2 mCi (6-23-82)	±5%
Co-60	4.9 uCi (2-12-76)	+5%
Ba-133	255 uCi	±5%

3. Attachment N. Item 19 Therapeutic Use of Radiopharmaceuticals  
Item 19b should be amended to read:

- b. Instructions: Neither urine nor excreta is collected or stored for patients receiving doses of 200 mCi or less of I-131. Instead, the patient is instructed to flush the commode three (3) times following each use. Vomitus and other salivary waste contamination however, is monitored and stored if it exceeds twice background levels.

4. Form NRC313M. Item 24. Personnel Monitoring Devices

Supplier: R.S. Landauer, Jr. and Company or Siemens Gammasonics

Exchange Frequency: Monthly

Control No. 75159



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Attachment C. Amendment to Amendment Request Letter dated October 10, 1979

Page 8, second sentence should be changed to read:

"First, a Rad Emergency Room Air Radiodecontaminator may be kept in operation during the entire patient study."



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Attachment D. Amendment to Amendment Request dated January 18, 1983.

Change designated Administrator of Isotope Committee to read:

R. Drager or designee

Control no. 75159