



ST. VINCENT HOSPITAL AND MEDICAL CENTER

TOLEDO, OHIO 43608

January 18, 1983

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

RECEIVED BY LEND

1/31/83  
Jan 18 III  
Brown

2/1/83

RE: Byproducts 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 to include the following physicians as authorized users for the following radioisotope groups;

1. Richard W. Siders, M.D. I, II, III, IV, V
2. Richard B. Doerfler, M.D. I, II, III, IV, V

Enclosed please find completed Supplement A and Supplement B forms (NRC 313M) in duplicate for each of the above-proposed authorized users. In addition, please find a listing of the Medical Isotopes Committee, the membership of which has changed since the last amendment request. Finally, please find a new set of Nursing Instructions for Patients receiving Therapeutic Amounts of Radionuclides (unsealed sources). These Instructions should replace those currently on file under our license application materials. A check in the amount of 40.00 for the license amendment fee is also attached.

In order to simplify subsequent follow up procedures and correspondence, please forward all information pertinent to this amendment request directly to K.J. Williford, M.S., Radiation Physicist, Department of Nuclear Medicine.

Sincerely,

*Allen Johnson*

Allen Johnson  
Executive Administrator  
St. Vincent Hospital and Medical Center

107095  
Amount \$40.00  
Type of Fee Amendment  
Date Check 1/31/83  
Received By Brown

850-100038 850517  
REG LIC30  
34-01216-03 PDR

JAN 24 1983

AJ/jfp  
Enclosures

CONTROL NO. 07379

TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER  Richard W. Siders, M.D.		2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE Ohio & Michigan		
3. CERTIFICATION				
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C		
American Board of Radiology	General Radiology	June 1974		
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	Henry Ford Hospital Detroit, Michigan 1970-73	100		
b. RADIATION PROTECTION	"	30		
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	"	20		
d. RADIATION BIOLOGY	"	20		
e. RADIOPHARMACEUTICAL CHEMISTRY	"	20	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
I-131	200 mCi	Henry Ford Hosp. Detroit	8/72 - 11/72	Diag & Therapy
I-125	100 uCi	St. Vincent Hosp. Tol.OH	1975 to present	Diagnostic
Tc-99m	25 mCi	"	"	Diagnostic
Xe-133	20 mCi	"	"	Diagnostic
P-32	5 mCi	"	"	Therapeutic
			(500 hrs. minimum)	
JAN 24 1983				

## 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		KEY TO COLUMN C	
FULL NAME		PERSONAL PARTICIPATION SHOULD CONSIST OF:	
RICHARD W. SIDERS, M.D.		1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.	
STREET ADDRESS		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.	
421 MICHIGAN AVENUE		3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.	
CITY	STATE	ZIP CODE	
TOLEDO, OHIO		43624	

## 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	100	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	5	
	LIVER FUNCTION STUDIES (Rose Bengal)	30	
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES	25	
	IN VITRO STUDIES		
OTHER	I-131 RISA Encephalogram	2	
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING		
P-32	EYE TUMOR LOCALIZATION		
Sr-75	PANCREAS IMAGING	4	
Yb-159	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	60	
OTHER			
Tc-99m	BRAIN IMAGING	700	
	CARDIAC IMAGING		
	THYROID IMAGING	15	
	SALIVARY GLAND IMAGING	1	
	BLOOD POOL IMAGING	3	
	PLACENTA LOCALIZATION	2	
	LIVER AND SPLEEN IMAGING	380	
	LUNG IMAGING	90	
	BONE IMAGING	200	
OTHER	Kidney	3	

# 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	3	
P-32 (Colloidal)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM	15	
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		
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS		
Other			

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

August 14, 1972 to November 11, 1972 500 hours minimum clinical experience  
in formal residency program.

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

a. NAME OF SUPERVISOR

b. NAME OF INSTITUTION

Henry Ford Hospital

c. MAILING ADDRESS

2799 W. Grand Blvd.

d. CITY

Detroit, MI 48202

5. MATERIALS LICENSE NUMBER(S)

2104109-16

6. PRECEPTOR'S SIGNATURE

*William R. Eyler M.D.*

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

WILLIAM R. EYLER, M.D.

8. DATE

11/02/82



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

RICHARD W. SIDERS, M.D.

STREET ADDRESS

421 MICHIGAN AVENUE

CITY

STATE

ZIP CODE

TOLEDO,

OHIO

43624

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	100	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME		
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES		
	IN VITRO STUDIES	250	
OTHER			
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING	80	
P-32	EYE TUMOR LOCALIZATION		
Se-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	70	
OTHER			
Tc-99m	BRAIN IMAGING	450	
	CARDIAC IMAGING	20	
	THYROID IMAGING	80	
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING		
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	300	
	LUNG IMAGING	159	
	BONE IMAGING	230	
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	3	
P-32 (Colloidal)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA	3	
	TREATMENT OF HYPERTHYROIDISM	10	
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		
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS		
Other			

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

150 hours per year from 1975 to present continuing clinical nuclear medicine experience.

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

a. NAME OF SUPERVISOR

S.T. Pinsky, M.D.

b. NAME OF INSTITUTION

St. Vincent Hospital and Med. Ctr.

c. MAILING ADDRESS

2213 Cherry Street

d. CITY

Toledo, Ohio 43608

## 5. MATERIALS LICENSE NUMBER(S)

34-01216-03

## 6. PRECEPTOR'S SIGNATURE

*S.T. Pinsky*

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

S.T. Pinsky, M.D.

## 8. DATE

1/18/83

TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER  RICHARD BRUCE DOERFLER, M.D.-			2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE Ohio	
3. CERTIFICATION				
SPECIALTY BOARD A		CATEGORY B		MONTH AND YEAR CERTIFIED C
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
a. RADIATION PHYSICS AND INSTRUMENTATION		Mount Sinai Hospital of Cleveland, Cleveland, Ohio		100 60
b. RADIATION PROTECTION		"		40 25
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY		"		40 25
d. RADIATION BIOLOGY		"		25 25
e. RADIOPHARMACEUTICAL CHEMISTRY		"		30 25
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 I-125	500 mCi 100uCi	Mount Sinai Hospital Mount Sinai Hospital, Cleveland	(500 hours minimum) 1975-1980	Generator Diagnostic
I-131	200 mCi	"	"	Diagnostic/ Therapeutic
Tc-99m	25 mCi	"	"	Diagnostic
Xe-133	20 mCi	"	"	Diagnostic
P-32	5 mCi	"	"	Therapeutic

## 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

RICHARD ERUCE DOERFLER

STREET ADDRESS

5347 Flangers Road

CITY

STATE

ZIP CODE

Toledo, Ohio

43623

## 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	35	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	10	
	LIVER FUNCTION STUDIES	2	
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES	60	
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING	50	
P-32	EYE TUMOR LOCALIZATION		
Sr-75	PANCREAS IMAGING	5	
Yb-169	CISTERNOGRAPHY	50	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	200	
OTHER			
Tc-99m	BRAIN IMAGING	450	
	CARDIAC IMAGING	100	
	THYROID IMAGING	50	
	SALIVARY GLAND IMAGING	4	
	BLOOD POOL IMAGING	30	
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	450	
	LUNG IMAGING	400	
	BONE IMAGING	400	
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	2	
P-32 (Colloidal)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM	5	
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	50	
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	50	
Other	Co-57 and Co- 58 Schillings Tc-99m Shunt patency Cr- 51 RBC survival		

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

4 months sequentially, 1977      720 hours  
2 months sequentially, 1980      320 hours

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

a. NAME OF SUPERVISOR

Stephen Wiener, M.D.

b. NAME OF INSTITUTION

Mount Sinai Hospital of Cleveland

c. MAILING ADDRESS

University Circle

d. CITY

Cleveland, Ohio 44106

5. MATERIALS LICENSE NUMBER(S)

34 - 00746 - 02

## 6. PRECEPTOR'S SIGNATURE

*Stephen N. Wiener MD*

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

STEPHEN N. WIENER M.D.

## 8. DATE

10/26/82

NURSING CARE FOR PATIENTS RECEIVING RADIOACTIVE  
IODINE IN THERAPY DOSES

1. This patient has received an oral dose of \_\_\_\_\_ mCi of Iodine 131  
on \_\_\_\_\_ at \_\_\_\_\_ AM, PM.
2. Read the patient's chart for other instructions.
3. The patient must remain in his/her private room until released by a Nuclear Medicine physician.
4. Under no circumstances are pregnant women to participate in the care of this patient.
5. No visitors below age 18 allowed. No pregnant visitors allowed. Visitors must stay at least five feet from the bed and may visit for no more than 20 minutes per visit, no more than three visits total until radiation restrictions are removed.
6. All visitors and personnel must sign in and out on the sheet attached to the door.
7. Urine and feces are to be passed in toilet whenever possible and must be followed by five flushings. Whenever a bedpan or urinal must be used, handle with rubber gloves. Rinse bedpan or urinal with copious amounts of water. Store bedpan and urinal in lavatory of patient's room.
8. Isolation trays shall be used.
9. All waste (trays, tissues, etc.) generated in the patient's room should be stored in waterproof bags in the room until removed by authorized personnel.
10. If the patient vomits, do not try to clean the room, CALL Nuclear Medicine and see specific instructions below.
11. All linen and other articles (including dressings) used in conjunction with the care of this patient shall be stored in the patient's room until removed by authorized personnel.
12. Plastic or rubber covering shall be used on the pillow and mattress.
13. Any body fluids are to be collected by Nuclear Medicine personnel only.
14. In case of death, notify the Radiation Safety Officer, (number listed below).

SPECIAL INSTRUCTIONS:

For vomitus or incontinent excretions

1. Put on rubber gloves
2. Clean the patient, change gown, linen, etc.
3. Save all items used in cleaning the patient in water proof bag
4. Call Nuclear Medicine to survey the nurse(s) involved and the bedside area. Nursing personnel survey must be performed before nurse(s) return to other duties.

RADIATION SAFETY OFFICER: \_\_\_\_\_

Nuclear Medicine Ext: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

Beeper No.: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

CONTROL NO. 07379

# ISOTOPE COMMITTEE

Chairman  
Chief of Nuclear Medicine  
(presently S. T. Pinsky, M.D.)\*

PHYSICIST	RADIOLOGY ADVISORY	MEDICAL ADVISORY	SURGICAL ADVISORY	PATHOLOGY ADVISORY
Kathryn Williford, M.S. *	R.E. Myers, M.D. *	R.K. Agrawal, M.D. **	G. Stark, M.D. **	D. LaGolian, M.D. **
<u>ADMINISTRATION</u>				
R. Drager*	R.M. Stankoy, M.D. *	P. Horowitz, M.D. **	Leo Clark, M.D. **	RADIOPHARMACY
<u>NURSING SERVICE</u>				
R. Barone or Designee*	R.W. Siders, M.D. **	R. Schafer, M.D. **	J. Gosman, M.D. **	Pharmatopes, Inc. **
<u>TECHNICAL</u>				
A. Chadwick, R.T. *	P.M. Royen, M.D. **	SuPa Kang, M.D. **	P. Cardillo, M.D. **	
M. Huyghe, R.T. *	S.E. Gordon, M.D. **	J. Mareska, M.D. **	T.O'Grady, M.D. **	
K. Batley, R.T. *	M.F. Fadell, M.D. **		F. Bowdle, M.D. **	
<u>RADIATION SAFETY OFFICERS</u>				
K. Williford, M.S. *	E.P. Ho, M.D. **		H. Payne, M.D. **	
R.E. Myers, M.D. *	G.B. Glassberg, M.D. **			
	D. Hoover, M.D. **			
	R.D. Doerfler, M.D. **			
	S.L. Mayes, M.D. **			
	T.T. Loh, M.D. **			

\* - designates working members of the Isotope Committee

\*\* - designates advisory members