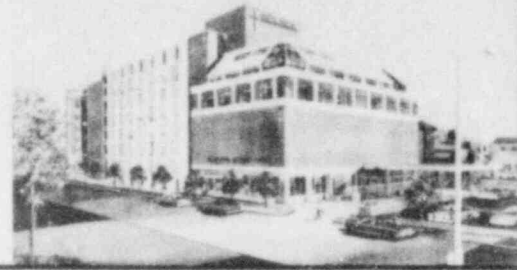


# Loretto Hospital

645 South Central Avenue • Chicago, Illinois 60644-9987 • Tel. 626-4300 848-3730



S. H. NASATIR, M.D.  
DIRECTOR OF DEPARTMENT  
OF RADIOLOGY

June 5, 1985

P. Z. SEVILLA, M.D.  
ASSOCIATE DIRECTOR  
OF RADIOLOGY

Bruce Mallett, Ph.D.  
Chief, Licensing Section  
U.S. Nuclear Regulatory Commission  
799 Roosevelt Rd.  
Glen Ellyn, IL 60137

RE: 12-11020-02

Dear Dr. Mallett:

We request that you amend our NRC By-Product Materials License to show the following changes:

1. Please delete Dr. Vyas as an authorized user of materials on our license.
2. Please add Paul Sevilla, M.D. as a user of By-Product Materials. We request that he be authorized to utilize all materials for which we are currently authorized.

Preceptor statements for Dr. Sevilla are attached.

Also, please find enclosed a check for \$120.00 to cover the amendment fee, as required.

Should you have any questions or require any additional information, please contact Mr. Ronald D. Edwards, physicist, Radiation Protection Consultants, LTD. We authorize him to answer any questions or provide any additional information you may need regarding this application.

*June 15* Thank you for your cooperation in this matter.

Sincerely,

*Sister Marion*

Sister Marion  
President and  
Chief Executive Officer

RECEIVED

JUN 10 1985

REGION III

SM:do

RECEIVED

Enclosures

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REG3 LIC30  
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PDR

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CONTROL NO. 79146

# 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.a. APPLICANT PHYSICIAN'S NAME AND ADDRESS

FULL NAME

Paul Sevilla, M.D.

STREET ADDRESS

CITY

STATE ZIP CODE

1.b. ILLINOIS MEDICAL LICENSE NUMBER

## 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-123	DIAGNOSIS OF THYROID FUNCTION	175	
I-131 or I-125	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	--	
	LIVER FUNCTION STUDIES	--	
	FAT ABSORPTION STUDIES	--	
	KIDNEY FUNCTION STUDIES	430	
	IN VITRO STUDIES	--	
CO-57	INTESTINAL ABSORPTION STUDIES	--	
I-125	DETECTION OF THROMBOSIS	--	
I-123 I-131	THYROID IMAGING	180	
P-32	EYE TUMOR LOCALIZATION	--	
Se 75	PANCREAS IMAGING	--	
IN-111 Yb-169	CISTERNOGRAPHY	--	
Xe 127 Xe 133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	38	
OTHER	Gallium Scan	100	
TL-201	CARDIAC IMAGING	350	
Tc-99m	BRAIN IMAGING	260	
	THYROID IMAGING	178	
	SALIVARY GLAND IMAGING	6	
	BLOOD POOL IMAGING	490	
	PLACENTA LOCALIZATION	--	
	LIVER AND SPLEEN IMAGING	400	
	LUNG IMAGING	125	
Ga-67 IN-111	BONE IMAGING	280	
	TUMOR IMAGING	90	

# TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER  
Paul Sevilla, M.D.

2. ILLINOIS MEDICAL LICENSE NO.  
036-48095

## 3. RESIDENCY COMPLETED

A. INSTITUTION: University of Illinois Medical Center B. TYPE OF RESIDENCY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
C. DURATION OF RESIDENCY: \_\_\_\_\_ D. YEAR COMPLETED: \_\_\_\_\_

## 4. CERTIFICATION

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
ABR	DIAG.	Written exam only 1974

## 5. 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 C (Hours)	SUPERVISED LABORATORY EXPERIENCE D (Hours)
a. RADIATION PHYSICS AND INSTRUMENTATION	University of Illinois Dec. 1980 - May, 1981	160	140
b. RADIATION PROTECTION	University of Illinois Dec. 1980 - May, 1981	60	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	University of Illinois Dec. 1980 - May 1981	40	
d. RADIATION BIOLOGY	University of Illinois Dec. 1980 - May, 1981	40	
e. RADIOPHARMACEUTICAL CHEMISTRY	University of Illinois Dec. 1980 - May 1981	40	20

## 6. 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	2500 mCi	Univ. of Ill. Nucl. Med.	3 months	Human
I-131	150 mCi	" " " "	"	"
Ga-67	50 mCi	" " " "	"	"
Tl-201	25 mCi	" " " "	"	"
Xe-133	200 mCi	" " " "	"	"
I-125	2 mCi	" " " "	"	"
Cr-51	5 mCi	" " " "	"	"
Co-57	0.05 mCi	" " " "	"	"
Co-58	0.05 mCi	" " " "	"	"

NAME OF PHYSICIAN: \_\_\_\_\_

## 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	4	
	TREATMENT OF HYPERTHYROIDISM	14	
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	-	
Re-226	SUPERFICIAL, INTERSTITIAL AND INTRACAVITARY TREATMENT	-	
Rn-222	INTERSTITIAL TREATMENT	-	
Sr-90	TREATMENT OF EYE DISEASE	-	
	RADIOPHARMACEUTICAL PREPARATION	-	
Mo-99/ Tc-99m	GENERATOR	5	
Sn-113/ In-113m	GENERATOR	-	
Tc-99m	REAGENT KITS	5	
OTHER			

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

DATES: December, 1980 - May, 1981TOTAL NUMBER HOURS: 5004. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS  
OBTAINED UNDER THE SUPERVISION OF:

a. NAME OF SUPERVISOR

Dan G. Pavel, M.D.

b. NAME OF INSTITUTION

University of Ill. Hospital

c. MAILING ADDRESS

1740 W. Taylor

d. CITY

Chicago, Ill. 60612

5. MATERIALS LICENSE NUMBER(S)

12-00088-06

## 6. PRECEPTOR'S SIGNATURE

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

Dan G. Pavel, MD

8. DATE

5-18-84