

May 6, 1985

U.S. Nuclear Regulatory Commission
Region III
Material Licensing Section
799 Roosevelt Rd.
Glen Ellyn, Illinois 60137

Service One for
Applicant *June 12 1985*
Check No. *1117 2120*
Amount/Fee *and*
Type of Fee *6/17/85*
Date Check Rec'd *6/17/85*
Received By *[Signature]*

SUBJECT: Amendment of NRC License No. 21-20279-01

1. Please delete the following physicians as authorized users on our license: Subhash C. Khuller, M.D., and Frederick C. Stebner, M.D.
2. Please add Gary Galens, M.D. as an authorized user on our license. Preceptor Statements and NRC Forms 313M-Supplement A are attached describing training and experience obtained from the following Detroit medical centers: Henry Ford Hospital under the supervision of William R. Eyler, M.D., and Grace Division of Harper Grace under the supervision of Burt Weyhing, M.D.
3. Please add Dina Shah, M.D. as as authorized user on our license. Preceptor Statements and NRC Forms 313M-Supplement A are attached describing training and experience obtained from the following medical facilities: VA Medical Center, Allen Park and St. Mary's Hospital in Livonia.
4. Please delete the following two facilities from our license effective May 20, 1985.

Radiological Imaging Consultants
26401 Harper
St. Clair Shores, MI

Radiological Imaging Consultants
905 North MMacomb Street, Suite 1
Monroe, MI

All radioactive material shall be transferred to Biomedical Diagnostic Services, Ltd., 3270 W. Big Beaver Road, Troy, Michigan. Close-out surveys shall be performed upon termination of our occupancy and the results shall be forwarded to the NRC.

Thank you for considering this amendment. Please contact me if you need any additional information.

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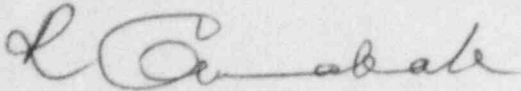
REGION III

8507230060 850708
REG3 LIC30
21-20279-01 PDR

JUN 4 1985

CONTROL NO. 79114

Very truly yours,



Ram Gunabalan, M.D.

RG/cc

Enclosures: **3** Preceptor Forms
9 NRC Forms 313M-Supplement A
Amendment fee (category 7.c.) of \$120.00

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85 JUN 17 P2:47

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

| | |
|--|---|
| 1 NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER Gary Galens, M.D. | 2 STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE VA, MI |
|--|---|

3. CERTIFICATION

| SPECIALTY BOARD A | CATEGORY B | MONTH AND YEAR CERTIFIED C |
|-----------------------------|----------------------|-------------------------------|
| American Board of Radiology | Diagnostic Radiology | July 1975 |

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 Residency Training July 71-74 | 120 | 15 |
| b. RADIATION PROTECTION | HENRY FORD HOSPITAL 1971 - 1974 | 35 | - |
| c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY | HENRY FORD HOSPITAL 1971 - 1974 | 20 | |
| d. RADIATION BIOLOGY | HENRY FORD HOSPITAL 1971 - 1974 | 25 | |
| e. RADIOPHARMACEUTICAL CHEMISTRY | HENRY FORD HOSPITAL '71 - '74 | 30 | 3 |

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 | 25mCi | HENRY FORD HOSPITAL | July 1971 - June '74 | Clinical |

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 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. |
| FULL NAME | | | |
| Gary Galens, M.D. | | | |
| STREET ADDRESS | | | |
| 30128 Mayfair | | | |
| CITY | STATE | ZIP CODE | |
| Farmington Hills | MI | 48018 | |

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 | | |
| | LIVER FUNCTION STUDIES | | |
| | FAT ABSORPTION STUDIES | | |
| | KIDNEY FUNCTION STUDIES | | |
| | IN VITRO STUDIES | | |
| OTHER | | | |
| I-125 | DETECTION OF THROMBOSIS | | |
| I-131 | THYROID IMAGING | | |
| P-32 | EYE TUMOR LOCALIZATION | | |
| Se-75 | PANCREAS IMAGING | 10 | |
| Yb-169 | CISTERNOGRAPHY | | |
| Xe-133 | BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES | 100 | |
| OTHER | | | |
| Tc-99m | BRAIN IMAGING | 325 | |
| | CARDIAC IMAGING | 0 | |
| | THYROID IMAGING | 125 | |
| | SALIVARY GLAND IMAGING | 5 | |
| | BLOOD POOL IMAGING | 15 | |
| | PLACENTA LOCALIZATION | | |
| | LIVER AND SPLEEN IMAGING | 300 | |
| | LUNG IMAGING | 200 | |
| | BONE IMAGING | 300 | |
| 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 | | |
| | TREATMENT OF HYPERTHYROIDISM | | |
| 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 | 5 | |
| Sn-113/ In-113m | GENERATOR | | |
| Tc-99m | REAGENT KITS | 5 | |
| Other | | | |

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

Radiology Resident July¹⁹⁷¹ - June 1974 included 3 months training in
Nuclear Medicine

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

a. NAME OF SUPERVISOR

William Eyler, M.D.

b. NAME OF INSTITUTION

HENRY FORD HOSPITAL

c. MAILING ADDRESS

2799 W. Grand Blvd.

d. CITY

Detroit, Michigan 48202

5. MATERIALS LICENSE NUMBER(S)

6. PRECEPTOR'S SIGNATURE

William R. Eyler

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

8. DATE

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

GARY E. GAIENS M.D.

2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE

VA

3. CERTIFICATION

| SPECIALTY BOARD A | CATEGORY B | MONTH AND YEAR CERTIFIED C |
|--|----------------------|-------------------------------|
| AMERICAN BOARD OF Radiology Diagnostic Radiology JUNE 1975 | Diagnostic Radiology | JUNE 1975 |

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 | | | |
| b. RADIATION PROTECTION | | | |
| c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY | | | |
| d. RADIATION BIOLOGY | | | |
| e. RADIOPHARMACEUTICAL CHEMISTRY | | | |

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 ¹²³ Th ²⁰¹ | 25 mCi | Grace Hospital Division of HARPER-CORRE | Feb 1977- Dec 1981 | CLINICAL |

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 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. |
| FULL NAME | | |
| GARY GALENS M.D. | | |
| STREET ADDRESS | | |
| 30128 MAYFAIR | | |
| CITY | STATE | |
| FARMINGTON HILLS, MI 48018 | | |

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 | 20 | |
| | DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME | 5 | |
| | LIVER FUNCTION STUDIES | | |
| | FAT ABSORPTION STUDIES | | |
| | KIDNEY FUNCTION STUDIES | 30 | |
| | IN VITRO STUDIES | | |
| OTHER | | | |
| I-125 | DETECTION OF THROMBOSIS | | |
| I-131 | THYROID IMAGING | | |
| P-32 | EYE TUMOR LOCALIZATION | | |
| Se-75 | PANCREAS IMAGING | | |
| Yb-169 | CISTERNOGRAPHY | | |
| Xe-133 | BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES | 175 | |
| OTHER | | | |
| Tc-99m | BRAIN IMAGING | 2000 | |
| | CARDIAC IMAGING | 200 | |
| | THYROID IMAGING | 300 | |
| | SALIVARY GLAND IMAGING | 20 | |
| | BLOOD POOL IMAGING | 100 | |
| | PLACENTA LOCALIZATION | | |
| | LIVER AND SPLEEN IMAGING | 100 | |
| | LUNG IMAGING | 375 | |
| | BONE IMAGING | 1200 | |
| 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><i>D. Gale</i> Washed @ Grace for almost 5 years... Nuclear medicine interpretation and performance of procedures were a routine part of his duty <i>BW</i></p> |
| P-32 (Colloidal) | INTRACAVITARY TREATMENT | | |
| I-131 | TREATMENT OF THYROID CARCINOMA | | |
| | TREATMENT OF HYPERTHYROIDISM | | |
| 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 | | |
| Mn-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

The above experiences were work related and ~~were~~^{were} between Feb. 1977 - ~~Jan~~ Dec 1981

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

a. NAME OF SUPERVISOR

Burt Weyhing M.D.

b. NAME OF INSTITUTION

GRACE Division of HARPER-GRACE

c. MAILING ADDRESS

18700 Mayers Rd

d. CITY

Det. MI 48235

5. PRECEPTOR'S SIGNATURE

Burt Weyhing M.D.

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

4/1/85

8. DATE

Burt Weyhing M.D.

5. MATERIALS LICENSE NUMBER(S)

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

| | |
|--|---|
| 1 NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER DINA SHAH, M.D. | 2 STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE MICHIGAN |
|--|---|

3. CERTIFICATION

| SPECIALTY BOARD A | CATEGORY B | MONTH AND YEAR CERTIFIED C |
|----------------------|----------------|-------------------------------|
| DIAGNOSTIC RADIOLOGY | BOARD ELIGIBLE | JUNE 1982 |

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 | 1. V.A. Medical Center Allen Park, MI 48101 5-1-81 thru 8-28-81 2. Detroit Receiving Hospital | 60 hours | 60 hours |
| b. RADIATION PROTECTION | Wayne State University Detroit, MI 9-1-80 thru 4-1-81 9-1-81 thru 4-1-82 as above | 15 hours | 15 hours |
| c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY | Same as above | 10 hours | 10 hours |
| d. RADIATION BIOLOGY | Same as above | 10 hours | 10 hours |
| e. RADIOPHARMACEUTICAL CHEMISTRY | Same as above | 15 hours | 15 hours |

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

| ISOTOPE | MAXIMUM AMOUNT | WHERE EXPERIENCE WAS GAINED | DURATION OF EXPERIENCE | TYPE OF USE |
|---------|----------------|-----------------------------|------------------------|-------------|
| 1-131 | 10 mCi | Nuclear Medicine Service | 5-1-81 | Clinical |
| 1-123 | 400 uCi | Veteran's Medical Center | thru | |
| Tl-201 | 2 mCi | Allen Park, MI 48101 | 8-28-81 | |
| Tc-99m | 25 mCi | | | |
| GA-67 | 10 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 | | 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. |
|---|-------|---|
| FULL NAME | | |
| DINA SHAH, M.D. | | |
| STREET ADDRESS | | |
| 25368 Carrollton Dr. | | |
| CITY | STATE | ZIP CODE |
| Farmington Hills | MI | 48018 |

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 | 1 | (Cardiac Blood Pool Imaging-MUGA) |
| | DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME | 2 | |
| | LIVER FUNCTION STUDIES | | |
| | FAT ABSORPTION STUDIES | | |
| | KIDNEY FUNCTION STUDIES | | |
| | IN VITRO STUDIES | | |
| OTHER | I-123 Thyroid Studies | 12 | |
| I-125 | DETECTION OF THROMBOSIS | | |
| I-131 | THYROID IMAGING | | |
| P-32 | EYE TUMOR LOCALIZATION | | |
| Se-75 | PANCREAS IMAGING | | |
| Yb-169 | CISTERNOGRAPHY | 2 | |
| Xe-133 | BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES | 5 | |
| OTHER | Tl-201 Myocardial Imaging | 35 | |
| Tc-99m | BRAIN IMAGING | 152 | |
| | CARDIAC IMAGING | 16 | |
| | THYROID IMAGING | 3 | |
| | SALIVARY GLAND IMAGING | | |
| | BLOOD POOL IMAGING | 42 | |
| | PLACENTA LOCALIZATION | | |
| | LIVER AND SPLEEN IMAGING | 102 | |
| | LUNG IMAGING | 13 | |
| | BONE IMAGING | 80 | |
| OTHER | Tc-99m Venogram | 5 | |

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 | | |
| | TREATMENT OF HYPERTHYROIDISM | 1 | |
| 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 | "HIDA" Scan Ga-67 Scan Tc-99m Renal Scan Tc-99m LeVein Shunt Scan I-131 Adrenal Scan | 2 3 2 3 1 | |

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

Approximately one hour of formal lecture and theoretical discussion each working day from 5/1/81 thru 8/28/81.

Total number of hours - 696 hours

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

a. NAME OF SUPERVISOR Yogendra Goel/Jai Lee
Y. GOEL, M.D. (Chief) & J. LEE, M.D.

b. NAME OF INSTITUTION
Nuclear Medicine Service

c. MAILING ADDRESS
VA Medical Center
d. CITY

Allen Park, MI 48101

5. MATERIALS LICENSE NUMBER(S)
2104234-01

6. PRECEPTOR'S SIGNATURE

 M.D.

7. PRECEPTOR'S NAME (Please type or print)
Yogendra Goel, M.D. Jai Lee, M.D.
Y. GOEL, M.D. (Chief), J. LEE, M.D.

8. DATE

December 19, 1984

ST. MARY HOSPITAL
36475 W. FIVE MILE ROAD
LIVONIA, MICHIGAN 48154

May 10, 1985

To whom it may concern:

This letter is on behalf of Doctor Dina Shah.

Doctor Shah worked for us during the year of 1984, from January 1st to November 15.

We found her work quite satisfactory during that period of time.

Appended to this letter please find our statistics from Nuclear Medicine for the year 1984.

Doctor Shah participated in reading and evaluating Nuclear Medicine studies, along with the five other full time radiologists in the department. I found her work to be quite satisfactory. During the course of the year I do not recall any instances where there was any evidence of mishandling of cases or misdiagnoses of cases, or any instance where any serious criticism could be leveled at her because of her activities in this section of the department.

I would feel quite comfortable with Doctor Dina Shah back in the department and participating in the Nuclear Medicine section. I believe that she would meet the standards required for being allowed to handle radionuclides and read Nuclear Medicine studies, and direct Nuclear Medicine studies.

Sincerely,



Joseph V. Catalano, M.D.
Director of Radiology

JVC:dak

Enclosure

TELEPHONE
464-4800

ST. MARY HOSPITAL

36475 W FIVE MILE ROAD
LIVONIA MICHIGAN 48154

NUCLEAR MEDICINE

JANUARY to DECEMBER, 1984

| <u>IN VIVO STUDIES</u> | <u>IN</u> | <u>OUT</u> | <u>TOTAL</u> |
|---------------------------------|-------------|--------------|--------------|
| BONE | 454 | 495 | 949 |
| BRAIN - static | 285 | 165 | 450 |
| COMPUTER ASSISTED CEREBRAL FLOW | 285 | 165 | 450 |
| G-I BLEED | 16 | - | 16 |
| In-111 LEUKOCYTE SCAN | 44 | 1 | 45 |
| LIVER | 508 | 387 | 895 |
| LUNG | 352 | 70 | 422 |
| MYOCARDIAL (Tl-201) SCAN | 143 | 282 | 425 |
| | (stress 43) | (stress 138) | (stress 181) |
| | (rest 100) | (rest 144) | (rest 244) |
| MUGA CARDIAC SCAN | 299 | 89 | 388 |
| | (stress 24) | (stress 31) | (stress 55) |
| | (rest 275) | (rest 58) | (rest 333) |
| PYP CARDIAC SCAN | 198 | 3 | 201 |
| RENAL FLOW STUDY | 27 | 25 | 52 |
| RENAL SCAN | 27 | 27 | 54 |
| RENOGRAM | 26 | 24 | 50 |
| Tc-99m HEPATOLITE SCAN (HIDA) | 82 | 10 | 92 |
| TESTICULAR SCAN | 13 | 3 | 16 |
| THYROID SCAN | 51 | 236 | 287 |
| THYROID I-131 UPTAKE | 41 | 210 | 251 |
| VENOGRAM | 27 | 4 | 31 |
| VENTILATION LUNG SCAN | 326 | 67 | 393 |
| BLOOD VOLUME | 15 | 9 | 24 |
| SCHILLING TEST | 15 | 8 | 23 |
| MISCELLANEOUS | 18 | 10 | 28 |
| Gallium Scan | 3 | | |
| Cisternogram | 9 | | |
| I-131 Therapy | 8 | | |
| I-131 Whole Body Scan | 4 | | |
| Veno-Cavogram | 1 | | |
| Meckel's Diverticulum | 2 | | |
| Joint Scan | 1 | | |

CONTROL NO. 7 9314