

# DIVINE PROVIDENCE HOSPITAL

1004 Arch Street, beside the aviary, Pittsburgh, Pennsylvania 15212

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April 29, 1980

Joseph DelMedico  
Material Licensing Branch  
Division of Fuel Cycle and  
Material Safety  
U. S. Nuclear Regulatory Commission  
Washington, D. C. 20555

On April 10, 1980 I received a letter from you concerning additional information that is needed before you will continue to review our application for renewal of our Byproduct Material License #37-16031-01, which we sent in on May 15, 1979. Please refer to control #99949.

Enclosed I hope you will find the needed information you requested.

1. The preceptor statement that Dr. Pavsek signed for Dr. Hughes does not indicate experience with materials listed in Groups I and III of 10 CFR 35.100.

Answer: Enclosed is a signed, completed preceptor statement (Form NRC-313M - Supplement B), on Dr. Hughes.

2. Your radiation safety officer should be present on a daily basis in order to direct the radiation safety program.

Answer: Dr. Peter M. Bonadio will assume the duties of radiation safety officer on a day-to-day basis.

3. You should have available a low level survey meter capable of reading 0.02 to 0.5 MR/hr. as the maximum on one scale in order to perform accurate contamination surveys.

Answer: We have a Picker GSM Model 652-1 which reads .01 - .5 MR/hr. on Scale 1. This unit was last calibrated on 2/29/80.

4. In addition to the daily constancy check that you perform on your dose calibrator, you should perform accuracy tests (annually) and linearity tests (quarterly).

Answer: Accuracy and linearity tests are done at the required intervals using the methods defined in Appendix D. Section 2. Linearity test will be done using 100 MCi Tc99, precalibrated by Pharmaco. Accuracy test will be done using Cs<sup>137</sup> & Co<sup>57</sup> sources from NEN that are traceable and directly related to NBS.

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Joseph DelMedico  
Page Two  
April 29, 1980

5. On a detailed version of your facility diagram, please indicate the type, dimensions, position and thickness of shielding that you will use.

Answer: In December of 1979 we discontinued generator service and we are now purchasing all Nuclids and pharmaceuticals in a precalibrated unit dose from Pharmaco Nuclear Inc., NRC license #37-18467-01 MD. Doses are stored and transported in lead shields. These lead shields are then stored behind lead bricks. Doses are dispensed using a syringe shield. The lead bricks measure 2"x8"x4". The transportation shields provide 0.92 cm average effective thickness of lead, and the syringe shields have 2.4 mm lead thickness. All sources are stored in the Hot room as shown on the facility drawing that was submitted with the original license application.

6. Your Medical Isotopes Committee should indicate a physician specialist in internal medicine.

Answer: There is not an internist available due to the size of our facility.

7. Your application indicates the use of a pocket type dosimeter.

Answer: Pocket dosimeters are not used in the Nuclear Medicine Department. The one that we have is used in the Diagnostic Radiology Department to do fluoroscopy output checks. This was listed in the license application only because it is available for use.

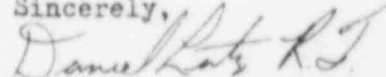
8. Item #13 of your application states that an abnormal reading for isotope packing material is considered to be twice background.

Answer: All materials reading in excess of room background are and will be treated as Radioactive Waste and will be disposed of accordingly.

9. Radiation workers must receive instructions as specified in 10CFR 19.12.

Answer: All personnel whose duties may require them to work in the vicinity of radioactive materials are instructed by the Radiation Safety Officer regarding radiation hazards and precautions both initially and annually thereafter on a refresher basis. Our method to assure that these employees receive the necessary instructions are outlined in our Policy & Procedure Manual, and records of inservices are maintained.

Sincerely,



Daniel Lutz, R.T.  
Chief Radiology Technologist  
Divine Providence Hospital

DL/pfd

Enclosure

1. Dr. Hughes preceptor statement

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## PRECEPTOR STATEMENT (Continued)

## 2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

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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	0	
P-32 (Colloidal)	INTRACAVITARY TREATMENT	0	
I-131	TREATMENT OF THYROID CARCINOMA	0	
	TREATMENT OF HYPERTHYROIDISM	1	
Au-198	INTRACAVITARY TREATMENT	0	
Co-60 or Cs-137	INTERSTITIAL TREATMENT	0	
	INTRACAVITARY TREATMENT	0	
I-125 or Ir-192	INTERSTITIAL TREATMENT	0	
Co-60 or Cs-137	TELETHERAPY TREATMENT	0	
Sr-90	TREATMENT OF EYE DISEASE	0	
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	17	
Sn-113/ In-113m	GENERATOR	0	
Tc-99m	REAGENT KITS	12	
Other			

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING  
April, 1976, Oct & Nov. 1977, Nov. 1-15, 19784. THE TRAINING AND EXPERIENCE INDICATED ABOVE  
WAS OBTAINED UNDER THE SUPERVISION OF:

a. NAME OF SUPERVISOR

E.J. Pavsek M.D.

b. NAME OF INSTITUTION

Mercy Hospital

c. MAILING ADDRESS

Pittsburgh, Pa., 15219

d. CITY

## 6. PRECEPTOR'S SIGNATURE



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

E.J. Pavsek M.D.

## 8. DATE

4/21/80

## 5. MATERIALS LICENSE NUMBER(S)

37-01321-02

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			<b>KEY TO COLUMN C</b> <b>PERSONAL PARTICIPATION SHOULD CONSIST OF:</b> 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 JANE SCHILLING HUGHES M.D.			
STREET ADDRESS 1180 Sunset Dr.,			
CITY Latrobe	STATE Penn.	ZIP CODE 15650	

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	104	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	0	
	LIVER FUNCTION STUDIES	0	
	FAT ABSORPTION STUDIES	0	
	KIDNEY FUNCTION STUDIES	0	
	IN VITRO STUDIES	0	
OTHER			
I-125	DETECTION OF THROMBOSIS	0	
I-131	THYROID IMAGING	47	
P-32	EYE TUMOR LOCALIZATION	0	
Se-75	PANCREAS IMAGING	0	
Yb-169	CISTERNOGRAPHY	2	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	17	
OTHER			
Tc-99m	BRAIN IMAGING	219	
	CARDIAC IMAGING	0	
	THYROID IMAGING	57	
	SALIVARY GLAND IMAGING	0	
	BLOOD POOL IMAGING	0	
	PLACENTA LOCALIZATION	0	
	LIVER AND SPLEEN IMAGING	218	
	LUNG IMAGING	156	
	BONE IMAGING	135	
OTHER			