

MATERIALS LICENSE  
SUPPLEMENTARY SHEET

License number

22-17307-01

Docket or Reference number

Amendment Number 04

Mercy Medical Center  
Department of Radiology  
4050 Coon Rapids Boulevard  
Coon Rapids, Minnesota 55433

In accordance with letter dated January 26, 1983, License Number 22-17307-01 is amended as follows:

Condition 12. is amended to read:

12. Licensed material listed in Item 6 above is authorized for use by, or under the supervision of, the following individual(s) for the materials and uses indicated:

William Kinney, M.D.

Groups I, II and III

Soluble phosphorus-32 for treatment of polycythemia vera, leukemia and bone metastases

Iodine-131 for treatment of hyperthyroidism and cardiac dysfunction

In vitro studies

A. S. Nesse, M.D.

Groups I, II and III

Soluble phosphorus-32 for treatment of polycythemia vera, leukemia and bone metastases

Iodine-131 for treatment of hyperthyroidism and cardiac dysfunction

In vitro studies

L. G. Wigdahl, M.D.

Groups I, II and III

Soluble phosphorus-32 for treatment of polycythemia vera, leukemia and bone metastases

Iodine-131 for treatment of hyperthyroidism and cardiac dysfunction

In vitro studies

Carroll N. Hess, M.D.

Groups I, II and III

Soluble phosphorus-32 for treatment of polycythemia vera, leukemia and bone metastases

Iodine-131 for treatment of hyperthyroidism and cardiac dysfunction

In vitro studies

John A. Tobin, M.D.

Groups I, II and III

Soluble phosphorus-32 for treatment of polycythemia vera, leukemia and bone metastases

Iodine-131 for treatment of hyperthyroidism and cardiac dysfunction

In vitro studies

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Date: 3/6/85

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REG3 LIC30  
22-17307-01 PDR

**MATERIALS LICENSE  
SUPPLEMENTARY SHEET**

License number

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Amendment Number 04

Continued from Page 1

James L. Tuohy, M.D.

Groups I, II and III

Steven M. Begich, M.D.

All



For the U. S. Nuclear Regulatory Commission

Date

FEB 14 1983

By

*George M. Mc Carr*

Materials Licensing Section  
Region III

Item 8

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Date: 3/6/85

REQUEST TO ADD NEW USERS

<u>NAME OF USER</u>	<u>AUTHORIZED USER ON NRC LICENSE NO.</u>	<u>REQUESTED AUTHORIZATION</u>
Joseph M. Collins, M.D.		A11
Peter N. Constantini, M.D.		A11
Gerald A. Gretsches, M.D.		A11
John M. Hendrickson, M.D.		A11
James Kollitz, M.D.		A11
Paul R. Kollitz, M.D.		A11
Leonard O. Langer, M.D.	22-24334-01	A11

Supplements A & B Attached for Each Individual User

Item 8

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Date: 3/6/85

CONTROL NO. 7 8 5 3 6

TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

Joseph M. Collins, M.D.

2. STATE OR TERRITORY IN  
WHICH LICENSED TO  
PRACTICE MEDICINE  
MN, ND, IA

## 3. CERTIFICATION

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
Diagnostic Radiology		Eligible

## 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	Mayo Clinic Rochester, Minnesota 1-3-83 to 4-8-83	85	15
b. RADIATION PROTECTION	Mayo Clinic Rochester, Minnesota 8-15-83 to 10-14-83	20	15
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	Mayo Clinic Rochester, Minnesota 1-3-83 to 4-8-83	24	0
d. RADIATION BIOLOGY	Mayo Clinic Rochester, Minnesota 1-3-83 to 4-8-83	15	5
e. RADIOPHARMACEUTICAL CHEMISTRY	Mayo Clinic Rochester, Minnesota 1-3-83 to 4-8-83	35	2

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

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE

Date: 3/6/85

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	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	10	
Other	In-113m labelled WBC's Tc-99m labelled RBC's Tc-99m Meckel's scan Tc-99m joint scan	3 4 4 9	

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

2/9/81, 2/16/81, 2/23/81, 3/2/81, 8/10/81, 8/17/81, 8/24/81,  
8/31/81, 11/29/82, 12/6/82, 8/1/83, 8/8/83, 3/5/84, 3/12/84

630 hours

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

a. NAME OF SUPERVISOR

Manuel L. Brown, M.D.

b. NAME OF INSTITUTION

Mayo Clinic

c. MAILING ADDRESS

200 First Street SW

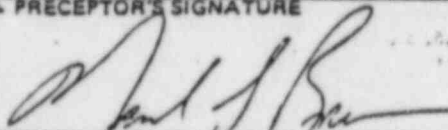
d. CITY

Rochester, MN 55905

5. MATERIALS LICENSE NUMBER(S)

22-00519-03

6. PRECEPTOR'S SIGNATURE



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

Manuel L. Brown, M.D.

8. DATE

4/2/84



## 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 Joseph Michael Collins, M.D.		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.
STREET ADDRESS 376 36th Ave. NW		
CITY Rochester	STATE MN	ZIP CODE 55901

## 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 <sup>renal scan</sup> <sup>glu-neph</sup>	95	
	IN VITRO STUDIES		
OTHER	Gallium	36.	
I-125	DETECTION OF THROMBOSIS	5	
I-131	THYROID IMAGING		
P-32	EYE TUMOR LOCALIZATION		
Se-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY	4	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	41	
OTHER	Thallium infarct scan	3	
Tc-99m	BRAIN IMAGING	8	
	CARDIAC IMAGING (MUGA)	30	
	THYROID IMAGING	40	
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING	4	
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	228	
	LUNG IMAGING	41	
	BONE IMAGING	443	
OTHER	HIDA and DISIDA	15	

TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER <b>PETER N. CONSTANTINI</b>	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE <b>MINNESOTA</b>
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3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
<b>AM. BOARD OF RADIOLOGY</b>		<b>6/80</b>

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>RESIDENCY VETERANS ADMIN. MED. CTR. Mpls. MN 6/77-6/80</b>	<b>160</b>	<b>100</b>
b. RADIATION PROTECTION	<b>SAME</b>	<b>55</b>	<b>45</b>
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	<b>SAME</b>	<b>30</b>	<b>20</b>
d. RADIATION BIOLOGY	<b>SAME</b>	<b>80</b>	<b>50</b>
e. RADIOPHARMACEUTICAL CHEMISTRY		<b>50</b>	<b>-</b>

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
<b>Tc 99m</b>	<b>20 mC</b>	<b>RESIDENCY</b>	<b>ABOVE DATES</b>	<b>DIAG. DIAGNOSTIC DIAG.</b>
<b>I 131</b>	<b>125 mC</b>			
<b>Xe 133</b>	<b>70 mC</b>			
<b>Gd 153</b>	<b>3 mC</b>			
<b>In 111</b>				
<b>Cs 137</b>				

# PRECEPTOR STATEMENT

Form NRC-313M-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		
STREET ADDRESS		
CITY	STATE	
PETER N. CONSTANTINI 2800 DEAN PKWY MPLS. MN 55416		

## 2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

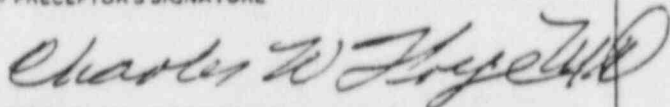
ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION	200	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	30	
	LIVER FUNCTION STUDIES	-	
	FAT ABSORPTION STUDIES	-	
	KIDNEY FUNCTION STUDIES	200	
	IN VITRO STUDIES	-	
OTHER			
I-125	DETECTION OF THROMBOSIS	50	
I-131	THYROID IMAGING	200	
P-32	EYE TUMOR LOCALIZATION	-	
Sr-75	PANCREAS IMAGING	-	
Yb-169	CISTERNOGRAPHY	50	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	200	
OTHER			
Tc-99m	BRAIN IMAGING	300	
	CARDIAC IMAGING	300	
	THYROID IMAGING	200	
	SALIVARY GLAND IMAGING	50	
	BLOOD POOL IMAGING	50	
	PLACENTA LOCALIZATION	-	
	LIVER AND SPLEEN IMAGING	800	
	LUNG IMAGING	600	
	BONE IMAGING	700	
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 sheet(s).) D
P-32 (Gluconate)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
P-32 (Cardinal)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM	30	
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		
Sr-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS		
Other			

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING 500

1977-80 590

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:		6. PRECEPTOR'S SIGNATURE	
a. NAME OF SUPERVISOR <u>Charles W. Fye, M.D.</u>			
b. NAME OF INSTITUTION <u>Midway Hospital</u>			
c. MAILING ADDRESS <u>1700 University Ave.</u>		7. PRECEPTOR'S NAME (Please type or print) <u>CHARLES W. FRYE</u>	
d. CITY <u>St. Paul MN 55104</u>		8. DATE <u>12/27/84</u>	
5. MATERIALS LICENSE NUMBER(S)			

FORM NRC-313M-SUPPLEMENT B  
(8-78)

TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER <b>GERALD A. GRETSCH</b>	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE
--	--

3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
American Board of Radiology with special competence in Nuclear Medicine		June, 1964

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 of Michigan Ann Arbor, MI 1960-63	150	100
b. RADIATION PROTECTION	Same	50	50
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	Same	20	30
d. RADIATION BIOLOGY	Same	60	80
e. RADIOPHARMACEUTICAL CHEMISTRY	Same	50	80

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. Tc 99m	20 mc	University of Michigan	Residency	1. DIAG
2. I 131	125 mc	and	1960-1963	2. DIAG + THER.
3. P 32	30 mc	MIDWAY HOSPITAL	MIDWAY HOSP	3. DIAG + THER.
4. Co 60		1700 University Ave	1963-1984	4. DIAG.
5. Au 198	10 mc	St Paul, MN		5. THER.
6. Cr 51		55104		6. DIAG + THER.

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

GERALD A. GRETSCH

STREET ADDRESS

1700 University Ave (Midway Hosp)

CITY

STATE

ZIP CODE

ST PAUL, MN

55110

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		Certified by ABR for Special Competence in Nuclear Medicine
	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		
Sr-75	PANCREAS IMAGING		
Yb-109	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES		
OTHER			
Tc-99m	BRAIN IMAGING		
	CARDIAC IMAGING		
	THYROID IMAGING		
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING		
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING		
	LUNG IMAGING		
	BONE IMAGING		
OTHER			

ALL UNDER GROUP I, II, III

# PRECEPTOR STATEMENT (Continued)

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

ISOTOPE	CONDITIONS DIAGNOSED OR TREATED	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.)
A	B	C	D
P-32 (Substituted)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	6	10 observ.
P-32 (Colloid)	INTRACAVITARY TREATMENT	2	6 observ.
I-131	TREATMENT OF THYROID CARCINOMA	1	3 observ.
	TREATMENT OF HYPERTHYROIDISM	15	25 observ.
Au-195	INTRACAVITARY TREATMENT	1	4 observ.
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192 Co-60 or Cs-137	INTERSTITIAL TREATMENT		6 observ.
	TELE THERAPY TREATMENT	25	100 observ.
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mn-59, Tl-201m	GENERATOR		
Sr-90, In-113m	GENERATOR		
Tl-201m	REAGENT KITS		
Other			

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

1963 - 1963

over 500 hrs.

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

a. NAME OF SUPERVISOR

Dr. Charles Simmons, Jr. Charge  
University of Michigan, Michigan  
Hospital

b. MAILING ADDRESS

Ann Arbor, MI St. Paul, Minn.

C. W. Frye M.D.

c. FULL NAME, GRADE, POSITION, AND DEPARTMENT

Charles W. Frye, M. D.

5. MAILING ADDRESS FOR CORRESPONDENCE

TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER <i>John Matthew Hendrickson</i>		2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE	
3. CERTIFICATION			
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C	
<i>American Board of Radiology with special competence in Nuclear Medicine.</i>		<i>Dec. 1965</i>	
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
<i>a. RADIATION PHYSICS AND INSTRUMENTATION</i>	<i>Residency</i>	<i>160</i>	<i>100</i>
<i>b. RADIATION PROTECTION</i>	<i>same</i>	<i>60</i>	<i>50</i>
<i>c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY</i>	<i>same</i>	<i>25</i>	<i>30</i>
<i>d. RADIATION BIOLOGY</i>	<i>same</i>	<i>60</i>	<i>85</i>
<i>e. RADIOPHARMACEUTICAL CHEMISTRY</i>	<i>same</i>	<i>50</i>	<i>85</i>
5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)			
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE
<i>1. I 131</i>	<i>120 mc</i>	<i>University of Pittsburgh</i>	<i>1961 - 1964</i>
<i>2. Tc 99m</i>	<i>20 mc</i>	<i>VA Hosp</i>	
<i>3. P 32</i>	<i>30 mc</i>	<i>University of Minn</i>	<i>1964 - 65</i>
<i>4. Co 60</i>		<i>VA Hosp</i>	
<i>5. Pu 239</i>	<i>10 mc</i>		
<i>6. Cs 137</i>			
		TYPE OF USE	
		<i>1. Diag. &amp; Ther.</i>	
		<i>2. Diagnosis</i>	
		<i>3. Diag &amp; Ther.</i>	
		<i>4. Diag.</i>	
		<i>5. Therapy</i>	
		<i>6. Diag &amp; Ther.</i>	



## 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:
John Matthew Hendrickson	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.
1690 University Av. Suite 300	3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.
CITY	
St Paul, Minn	
STATE	
ZIP CODE	
55104	

## 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		Certified by American Board of Radiology for special competence in Nuclear Medicine
	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		
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES		
OTHER			
Tc-99m	BRAIN IMAGING		
	CARDIAC IMAGING		
	THYROID IMAGING		
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING		
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING		
	LUNG IMAGING		
BONE IMAGING			
OTHER			

All Under Group I, II &amp; III

# 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	8	10 observed
P-32 (Colloidal)	INTRACAVITARY TREATMENT	3	5 observed
I-131	TREATMENT OF THYROID CARCINOMA	2	3 observed
	TREATMENT OF HYPERTHYROIDISM	18	20 observed
Au-198	INTRACAVITARY TREATMENT	2	2 observed
Co-60 or Cs-137	INTERSTITIAL TREATMENT	2	2 observed
	INTRACAVITARY TREATMENT	—	
I-125 or Ir-192	INTERSTITIAL TREATMENT	2	3 observed
Co-60 or Cs-137	TELE THERAPY TREATMENT	30	150 observed
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

1961 - 1965 over 600 hours

*John Matthew Hendrickson*

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

a. NAME OF SUPERVISOR

Wang Yen MD

Merle Loken MD

b. NAME OF INSTITUTION

Univ of Pittsburgh

Univ of Minn

c. MAILING ADDRESS

Greengarden Hosp

University Hosp.

d. CITY

Pittsburgh Pa

Minneapolis, Mn

5. MATERIALS LICENSE NUMBER IS

22-02491-03

e. PRECEPTOR'S SIGNATURE

John Matthew Hendrickson

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

Merle K. Loken, M.D., Ph.D.

g. DATE

Oct. 1, 1964

# TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER  James Kollitz		2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE  		
3. CERTIFICATION				
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C		
Radiology	Diagnostic Radiology	6/83		
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 of California SD. California 7-80 - 6-83	150	30	
b. RADIATION PROTECTION	Same	30	5	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	Same	25	0	
d. RADIATION BIOLOGY	Same	20	5	
e. RADIOPHARMACEUTICAL CHEMISTRY	Same	30	4	
5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE

Date: 3/6/85

CONTROL NO. 78536

## 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

James Kollitz

STREET ADDRESS

18 Black Oak Rd.

CITY

North Oaks,

STATE

MN

ZIP CODE

55110

## 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

2. SPECIAL 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	95	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME		
	LIVER FUNCTION STUDIES	40	
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES		
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING	20	
P-32	EYE TUMOR LOCALIZATION		
Sr-75	PANCREAS IMAGING		
<del>Yb-169</del>	CISTERNOGRAPHY In-III	45	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES		
OTHER			
Tc-99m	BRAIN IMAGING	20	
	CARDIAC IMAGING	45	
	THYROID IMAGING	25	
	SALIVARY GLAND IMAGING	2	
	BLOOD POOL IMAGING	40	
	PLACENTA LOCALIZATION	-	
	LIVER AND SPLEEN IMAGING	150	
	LUNG IMAGING	90	
	BONE IMAGING	200	
	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	6	
P-32 (Colloidal)	INTRACAVITARY TREATMENT	6	
I-131	TREATMENT OF THYROID CARCINOMA	11	
	TREATMENT OF HYPERTHYROIDISM	10	
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
	TELETHERAPY TREATMENT		
Cs-137			
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	100	
Sn-113/ In-113m	GENERATOR	10	
Tc-99m	REAGENT KITS	40	
Other			

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

650

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

a. NAME OF SUPERVISOR

William Ashburn

b. NAME OF INSTITUTION

University of California

c. MAILING ADDRESS

225 Dickinson St.

d. CITY

S.D., California 92103

5. MATERIALS LICENSE NUMBER(S)

6. PRECEPTOR'S SIGNATURE

William L. Ashburn

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

William L. Ashburn, M.D.

8. DATE

11/18/84



TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

Paul R Kollitz

2. STATE OR TERRITORY IN  
WHICH LICENSED TO  
PRACTICE MEDICINE

Minnesota

## 3. CERTIFICATION

SPECIALTY BOARD  
ACATEGORY  
BMONTH AND YEAR CERTIFIED  
C

Radiology

June, 1979

## 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	Residency, U of Minnesota 1976-79	60	<del>100</del> 0
b. RADIATION PROTECTION	Residency,	55	<del>65</del> 0
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	Residency,	25	<del>35</del> 0
d. RADIATION BIOLOGY	Residency,	100	0
e. RADIOPHARMACEUTICAL CHEMISTRY	Residency,	50	<del>50</del> 0

## 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	120 uC	} U of Minn affiliated hospitals	1976 - 1984	Clinical + Therapy
Tc 99m	90 uC			
I 123	10 uC			
In 111	10 uC			

## 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

Paul R Kollitz

STREET ADDRESS

504 Woodhill Dr

CITY

Roseville

STATE

MN

ZIP CODE

55113

## 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	40	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	0	
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES	400	
	IN VITRO STUDIES	10	
OTHER			
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING	10	
P-32	EYE TUMOR LOCALIZATION		
Se-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	300	
OTHER			
Tc-99m	BRAIN IMAGING	100	
	CARDIAC IMAGING	100	
	THYROID IMAGING		
	SALIVARY GLAND IMAGING	3	
	BLOOD POOL IMAGING		
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	750	
	LUNG IMAGING	500	
	BONE IMAGING	500	
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	1	
	TREATMENT OF HYPERTHYROIDISM	4	
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

June, 1976 - June 1979 > 500 hr

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

a. NAME OF SUPERVISOR

Merle K. Cohen MD

b. NAME OF INSTITUTION

Univ. of Wisconsin

c. MAILING ADDRESS

420 Delaware St. S.E.

d. CITY

Madison, WI 53706

e. MATERIALS LICENSE NUMBER(S)

22-219-20

5. PRECEPTOR'S SIGNATURE

*[Signature]*

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

MERLE K. COHEN

8. DATE

12/7/81

## 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

Leonard O. Langer

STREET ADDRESS

52 Groveland Ter. - 314

CITY

Mpls.

STATE

Mn.

ZIP CODE

55403.

## 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		Certified by ABR for special competence in nuclear medicine
	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		
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES		
OTHER			
Tc-99m	BRAIN IMAGING		
	CARDIAC IMAGING		
	THYROID IMAGING		
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING		
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING		
	LUNG IMAGING		
OTHER	BONE IMAGING		

CONTROL NO. 7853

CONTROL NO. 7853

All under Group I, II, III

# 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	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

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

a. NAME OF SUPERVISOR

*Dr. Charles Simmons & Dr. Wm. Beilwaltes*

b. NAME OF INSTITUTION

*University of Michigan Hospital*

c. MAILING ADDRESS

*Ann Arbor, Mi.*

d. CITY

### 5. PRECEPTOR'S SIGNATURE

*Charles W. Frye*

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

*CHARLES W FRYE*

### 8. DATE

*12/24/54*

### 5. MATERIALS LICENSE NUMBER(S)



TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

Leonard O. Langer Jr.

2. STATE OR TERRITORY IN  
WHICH LICENSED TO  
PRACTICE MEDICINE

Minnesota

## 3. CERTIFICATION

SPECIALTY BOARD

A

CATEGORY

B

MONTH AND YEAR CERTIFIED

C

American Board of Radiology  
with nuclear medicine  
medallion

Dec 1960

## 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	Univ of Michigan Hospital 1956-1959. Ann Arbor, Mich.	over 100	over 100
b. RADIATION PROTECTION	Same	over 60	over 60
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	Same	over 20	over 20
d. RADIATION BIOLOGY	Same	over 20	over 20
e. RADIOPHARMACEUTICAL CHEMISTRY	Same	over 20	over 20

## 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. $^{99m}\text{Tc}$	20 mc	Univ of Michigan Hosp.	1956-1959	1. Diagnostic
2. $^{131}\text{I}$	125 mc	Fairview Hospital, Mpls, Minn.	1966-1976	2. Diagnostic & Therapeutic
3. $^{32}\text{P}$	30 mc	Same	Same	3. Diagnostic & Ther.
4. $^{60}\text{Co}$		Same	Same	4. Diagnostic
5. $^{51}\text{Cr}$		Same	Same	5. Diagnostic & Therapeutic
6. $^{192}\text{Au}$	10 mc	Same	Same	6. Therapeutic