

5-6-85

Nuclear Regulatory Commission
Byproduct Licensing Section
Region III
799 Roosevelt Rd.
Glen Ellyn, IL 60137

Applicant	May 21, 1985
Check No.	454867180
Amount	Fee Category
Type of fee	Annual
Date Check Recd.	5/20/85
Received By	[Signature]

Dear Sirs:

Please amend Byproduct License number 13-06009-01 (1) to include use at:

Community Hospital of Indianapolis-North
7150 Clearvista Dr.
Indianapolis, Indiana 46256

as well as at

Community Hospital of Indianapolis
1500 N. Ritter Avenue
Indianapolis, Indiana 46219

(2) Add Michael F. Mullinix, M.D. as an authorized user.

All items specified in the February 28, 1983 application for license renewal will apply except:

1. Xenon-133 as gas or gas in saline for blood flow and pulmonary function studies will not be used at the North location.
2. The Americium 241 source will be moved to the North location.
3. A representative from CHI-North will be added to the Medical Isotopes Committee.
4. Instrumentation added at CHI North includes:
 - a) Victor Model 34-061 Dose Calibrator
 - b) Atomic Products 069-701 Survey Meter
 - c) Siemens Pho Gamma V gamma camera
5. A description and diagram of the CHI-North facility is attached.

RECEIVED

MAY 16 1985

REGION III

B508020091 B50717
REG3 LIC30
13-06009-01 PDR

CONTROL NO. 78950

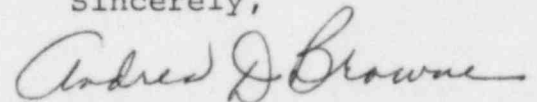
MAY 16 1985

6. The services of a centralized radiopharmacy will be used and materials will be delivered directly to the Nuclear Medicine room during working hours.
7. All other procedures and information applicable at CHI-East will be used at CHI-North.

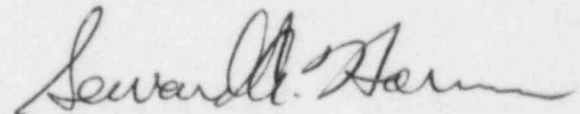
If I need to provide further or expanded information regarding use at this location please contact me.

MAY 20 AMO 2
NRC
BRANCH

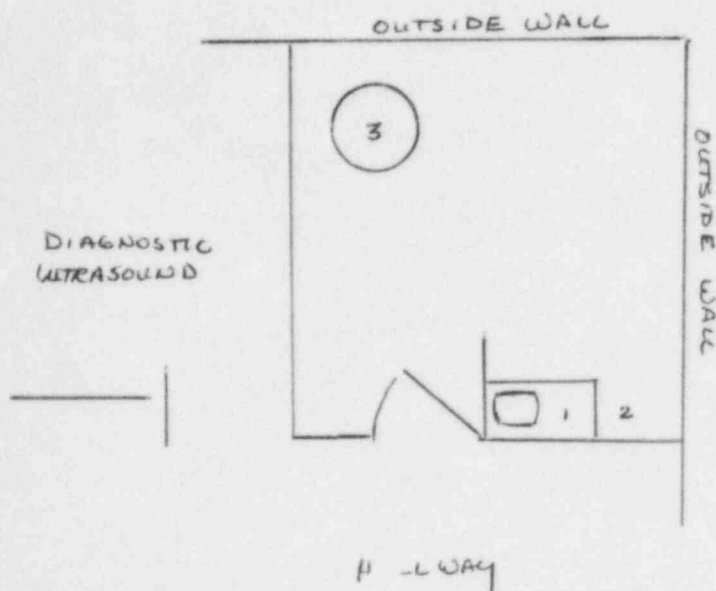
Sincerely,



Andrea D. Browne
Radiation Safety Officer



Seward A. Horner
Executive Vice President



1. DOSE CALIBRATOR , BODY SHIELD
2. SHIELDED WASTE CONTAINER
3. GAMMA CAMERA

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	1	
P-32 (Colloidal)	INTRACAVITARY TREATMENT	1	
I-131	TREATMENT OF THYROID CARCINOMA	15	
	TREATMENT OF HYPERTHYROIDISM	30	
Au-198	INTR. CAVITARY 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		
	RADIOCEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	Yes	
Sn-113/ In-113m	GENERATOR	No	
Tc-99m	REAGENT KITS	Yes	
Other			

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

Months in Nuclear Medicine: September, 1980 (UH) July-Sept., 83 (VA)
 March 1982 (VA) Oct.-Dec. 83 (WMH)
 May 1982 (UH) Jan-July 84 (UH)
 Aug. 1982 (WMH)

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

a. NAME OF SUPERVISOR

Dr. E. Klatte and Dr. H. N. Wellman

b. NAME OF INSTITUTION

I.U. Medical Center, University Hospital

c. MAILING ADDRESS

926 West Michigan, Indianapolis, IN 46223

d. CITY

6. PRECEPTOR'S SIGNATURE

Henry N. Wellman, M.D.

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

HENRY N. WELLMAN, M.D.
 Professor of Medicine and Radiology
 Director, Department of Nuclear Medicine

8. DATE

September 5, 1984

5. MATERIALS LICENSE NUMBER(S)

13-02752-03

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

MULLINIX, F. MICHAEL

STREET ADDRESS

7906 SCARBOROUGH BLVD

INDIANAPOLIS IN 46256

CITY

STATE

ZIP CODE

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	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
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION	300+	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	2	
	LIVER FUNCTION STUDIES	0	
	FAT ABSORPTION STUDIES	0	
	KIDNEY FUNCTION STUDIES	0	
	IN VITRO STUDIES	250+	
OTHER			
I-125	DETECTION OF THROMBOSIS	0	
I-125 I-131	THYROID IMAGING	140+	
P-32	EYE TUMOR LOCALIZATION	1	
Se-75	PANCREAS IMAGING	0	
Yb-169	CISTERNOGRAPHY	2	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	50+	
OTHER			
Tc-99m	BRAIN IMAGING	50+	
	CARDIAC IMAGING	200+	
	THYROID IMAGING	10+	
	SALIVARY GLAND IMAGING	1	
	BLOOD POOL IMAGING	100+	
	PLACENTA LOCALIZATION	0	
	LIVER AND SPLEEN IMAGING	300+	
	LUNG IMAGING	50+	
	BONE IMAGING	300+	
OTHER			