

# SAINT LOUIS REGIONAL HEALTH CARE CORPORATION

5535 Delmar Boulevard

Saint Louis, Missouri 63112

(314) 361-1212

July 19, 1985

Mr. George McCann  
Materials Licensing Section  
Nuclear Regulatory Commission  
799 Roosevelt Road  
Glen Ellyn, Illinois 60137

Applicant	<i>Aug 4th</i>
Check No.	<i>100 \$120</i>
Amount/Fee Category	<i>7C</i>
Type of Fee	<i>annual</i>
Date Check	<i>8/23/85</i>
Received By	<i>[Signature]</i>

Dear Mr. McCann:

I am requesting that License 24-24518-01 be amended to enable Dr. Robert Auffenburg, who was previously licensed under Missouri 12-20436-01 at the Collinsville area hospital, and Dr. Beatrice Carlin, to use byproducts materials under Groups I, II and III of CRF 35.100.

Form NRC 313 a-Supplement A, Preceptor Statement, is enclosed.

Sincerely,

*[Signature]*  
Victoria E. Nelson  
Interim Associate Administrator

VEN/bl

Enclosure

RECEIVED

JUL 26 1985

REGION III

8517030291 850912  
REQ LIC30  
24-24518-01 PDR

CONTROL NO. 79416

JUL 26 1985

# TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

Beatrice Carlin, M.D.

2. STATE OR TERRITORY IN  
WHICH LICENSED TO  
PRACTICE MEDICINE  
Pennsylvania

## 3. CERTIFICATION

SPECIALTY BOARD  
ACATEGORY  
BMONTH AND YEAR CERTIFIED  
C

American Board of Radiology

Diagnostic Radiology

June 1983

## 4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING  
ALOCATION AND DATE(S) OF TRAINING  
B

## TYPE AND LENGTH OF TRAINING

LECTURE/  
LABORATORY  
COURSES  
(Hours)  
CSUPERVISED  
LABORATORY  
EXPERIENCE  
(Hours)  
Da. RADIATION PHYSICS AND  
INSTRUMENTATIONMercy Hospital  
April 1982 - June 1983

100

b. RADIATION PROTECTION

Same

30

c. MATHEMATICS PERTAINING TO  
THE USE AND MEASUREMENT  
OF RADIOACTIVITY

Same

20

d. RADIATION BIOLOGY

Same

20

e. RADIOPHARMACEUTICAL  
CHEMISTRY

Same

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
Tc 99m	1000 mCi	Division of Nuclear Medicine Mercy Hospital Pittsburgh, PA	April 1982	Elution & imaging
Ga 67	10 mCi			Whole Body
I-123	300 $\mu$ Ci		May 1982	Thyroid Up & Scan
I-131	200 mCi		June 1982	Thyroid Dx & Rx
Cr 51	250 $\mu$ Ci			Blood Volume
Ie 133	20 mCi			Lung Imaging
Tl 201	2.9 mCi			Cardiac Imaging
Co 57	0.8 $\mu$ Ci			Schilling
Co 58	5 mCi			Ventilation Lung

## 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			
Beatrice Carlin, M.D.			
STREET ADDRESS			
439 Par Lane			
CITY	STATE	ZIP CODE	
Kirkwood	MO	63122	

## 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	52	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	-	
	LIVER FUNCTION STUDIES	-	
	FAT ABSORPTION STUDIES	-	
	KIDNEY FUNCTION STUDIES	-	
	IN VITRO STUDIES	-	
OTHER	Cr 51 Blood Volume	1	
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	115	
OTHER	Co 5 Co 58 B <sub>12</sub> Schilling	22	
Tc-99m	BRAIN IMAGING	6	
	CARDIAC IMAGING	199	
	THYROID IMAGING	16	
	SALIVARY GLAND IMAGING	4	
	BLOOD POOL IMAGING	-	
	PLACENTA LOCALIZATION	-	
	LIVER AND SPLEEN IMAGING	153	
	LUNG IMAGING	115	
	BONE IMAGING	297	
OTHER	Hepatobiliary	66	

# 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	1	
	TREATMENT OF HYPERTHYROIDISM	6	
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	5	
Mo-99/ Tc-99m	GENERATOR	5	
Sr-113/ In-113m	GENERATOR	-	
Tc-99m	REAGENT KITS	5	
Other Ga 67	Whole Body	51	
Tc 99m	Renal	6	
Tl 201	Cardiac Imaging	75	
Kr 88m	Ventilation Imaging	115	

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

April 1982

May 1982

Total Hours 500

June 1982

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

a. NAME OF SUPERVISOR

Elliott Turbiner, D.O.

b. NAME OF INSTITUTION

Mercy Hospital

c. MAILING ADDRESS

Pride & Locust Streets

d. CITY

Pittsburgh, PA 15219

5. MATERIALS LICENSE NUMBER(S)

37-01321-02

## 5. PRECEPTOR'S SIGNATURE

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

Elliott H. Turbiner, D.O.

8. DATE

July 14, 1983