



ST. ELIZABETH'S HOSPITAL

1431 N. CLAREMONT AVENUE • CHICAGO, ILLINOIS 60622 • (312) 278-2000

July 22, 1985

Bruce S. Mallett, Ph.D., Chief
Materials Licensing Section
Nuclear Regulatory Commission
799 Roosevelt Road
Glen Ellyn, Illinois 60137

Dear Dr. Mallett:

In response to your letters dated May 2, 1985 and July 3, 1985, we have enclosed the preceptor forms for Dr. Kovalsky. This request for an amendment to license number 12-11285-01 is referenced to control number 78743.

We hope this satisfies the requirements for Dr. Kovalsky.

Sincerely,

Franz X. Gampl, M.D.
Chairman, Radiation Control Committee

FXG:mcg

Enclosure

RECEIVED
JUL 25 1985
REGION III

8508120319 850801
REG3 LIC30
12-11285-01 PDR

AN ANCILLA DOMINI HOSPITAL
ESTABLISHED IN 1887

JUL 25 1985

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

Gene R. Kovalsky, M.D.

2. STATE OR TERRITORY IN
WHICH LICENSED TO
PRACTICE MEDICINE

Illinois

3. CERTIFICATION

SPECIALTY BOARD
A

CATEGORY
B

MONTH AND YEAR CERTIFIED
C

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

See attached

b. RADIATION PROTECTION

Preceptor Statement

c. MATHEMATICS PERTAINING TO
THE USE AND MEASUREMENT
OF RADIOACTIVITY

from the

d. RADIATION BIOLOGY

University of

e. RADIOPHARMACEUTICAL
CHEMISTRY

Illinois

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

ISOTOPE

MAXIMUM AMOUNT

WHERE EXPERIENCE WAS GAINED

DURATION OF EXPERIENCE

TYPE OF USE

See attached University of Illinois Preceptor Statement

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		
Gene R. Kovalsky M.D.		
STREET ADDRESS		
1431 N. Claremont Ave.		
CITY	STATE	ZIP CODE
Chicago	IL	60622

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	-	
Sc-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		-	

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 (Sodium)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	-	
P-32 (Chloride)	INTRACAVITARY TREATMENT	-	
I-131	TREATMENT OF THYROID CARCINOMA	3	
	TREATMENT OF HYPERTHYROIDISM	10	
Au-198	INTRACAVITARY TREATMENT	-	
Co-60	INTERSTITIAL TREATMENT	-	
or Cs-137	INTRACAVITARY TREATMENT	-	
I-125 or Ir-192	INTERSTITIAL TREATMENT	-	
Co-60 or Cs-137	TELETERAPY 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

September 1983 to December 1984.

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

a. NAME OF SUPERVISOR

Franz X. Gampl, M.D.

b. NAME OF INSTITUTION

St. Elizabeth's Hospital

c. MAILING ADDRESS

1431 N. Claremont Ave.

d. CITY

Chicago, Illinois 60622

5. MATERIALS LICENSE NUMBER(S)

12-11285-01

6. PRECEPTOR'S SIGNATURE

[Handwritten Signature]

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

Franz X. Gampl, M.D.

8. DATE

February 17, 1985

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

Gene R. Kovalsky, M.D.

2. STATE OR TERRITORY IN
WHICH LICENSED TO
PRACTICE MEDICINE

3. CERTIFICATION

SPECIALTY BOARD
A

CATEGORY
B

MONTH AND YEAR CERTIFIED
C

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 Illinois May 1, 1982 - July 31, 1982	80	70
b. RADIATION PROTECTION	University of Illinois May 1, 1982 - July 31, 1982	30	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	University of Illinois May 1, 1982 - July 31, 1982	20	
d. RADIATION BIOLOGY	University of Illinois May 1, 1982 - July 31, 1982	20	
e. RADIOPHARMACEUTICAL CHEMISTRY	University of Illinois May 1, 1982 - July 31, 1982	20	10

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	2500 mCi	U. of I. Nuclear Medicine	3 Months	Human
I-131	150 mCi	"	"	"
Ga-67	50 mCi	"	"	"
Tl-201	25 mCi	"	"	"
Xe-133m	200 mCi	"	"	"
I-125	2 mCi	"	"	"
Cr-51	5 mCi	"	"	"
Co-57	0.05 mCi	"	"	"
Co-58	0.05 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 radiisotope 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			
Gene R. Kovalsky, M.D.			
STREET ADDRESS			
St. Elizabeth's Hospital			
1431 N. Claremont Avenue			
CITY	STATE	ZIP CODE	
Chicago	Ill.	60622	

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	49	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	--	
	LIVER FUNCTION STUDIES	--	
	FAT ABSORPTION STUDIES	--	
	KIDNEY FUNCTION STUDIES	206	
	IN VITRO STUDIES	--	
OTHER			
I-125	DETECTION OF THROMBOSIS	--	
I-131	THYROID IMAGING	89	
P-32	EYE TUMOR LOCALIZATION	--	
Se-75	PANCREAS IMAGING	--	
Yb-169	CISTERNOGRAPHY	--	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	19	
OTHER			
Tc-99m	BRAIN IMAGING	178	
	CARDIAC IMAGING	130	
	THYROID IMAGING	89	
	SALIVARY GLAND IMAGING	3	
	BLOOD POOL IMAGING	345	
	PLACENTA LOCALIZATION	--	
	LIVER AND SPLEEN IMAGING	199	
	LUNG IMAGING	64	
	BONE IMAGING	141	
OTHER	Gallium Scan	51	

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><i>(over 500 hrs) D.G.P.</i></p> <p><i>5 (five) D.G.P.</i></p>
P-32 (Colloidal)	INTRACAVITARY TREATMENT	---	
I-131	TREATMENT OF THYROID CARCINOMA	2	
	TREATMENT OF HYPERTHYROIDISM	7	
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

May 1, 1982 to July 31, 1982

(over 500 hrs) D.G.P.

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

a. NAME OF SUPERVISOR

Dan G. Pavel, M.D.

b. NAME OF INSTITUTION

University of Illinois

c. MAILING ADDRESS

1740 W. Taylor, Room 2500

d. CITY

Chicago, IL 60612

5. MATERIALS LICENSE NUMBER(S)

12-00088-06

6. PRECEPTOR'S SIGNATURE

[Signature]

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

Dan G. Pavel, M.D.

8. DATE

February 11, 1983