

ST. ELIZABETH HOSPITAL
1431 North Claremont
Chicago, Illinois 60622

March 15, 1985

U.S. Nuclear Regulatory Commission
Radioisotope Licensing Section
Region III
799 Roosevelt Road
Glen Ellyn, Illinois 60137

Applicant	Cep 2030
Check No.	085274
Amount	\$120
Type	7 canva
Date Check Recd	4/23/85
Received By	8

RE: Amendment to License #12-11285-01

Gentlemen:

We request amendment to our license #12-11285-01 for the following item:

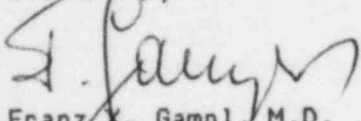
ADD Gene R. Kovalsky, M.D. as a physician user to our license. We request his authorization for all applicable procedures listed on our license. Dr. Kovalsky's training and preceptor statements are attached for your reference.

Enclosed is our check in the amount of \$120 for processing this amendment application.

We look forward to receiving this amendment document as soon as possible.

Thank you.

Sincerely,



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

:vmf

Enclosures

RECEIVED
APR 17 1985
REGION III

APR 17 1985

8508120336 850801
REG3 LIC30
12-11285-01 PDR

CONTROL NO. 78743

(B-78)

**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

FULL NAME

Gene R. Kovalsky M.D.

STREET ADDRESS

1431 N. Claremont Ave.

CITY

Chicago

STATE

IL

ZIP CODE

60622

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	-	
	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-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	-	
		-	

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 C-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 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

St. Elizabeth's Hospital
1431 N. Claremont Avenue

CITY

Chicago

STATE

Ill.

ZIP CODE

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	

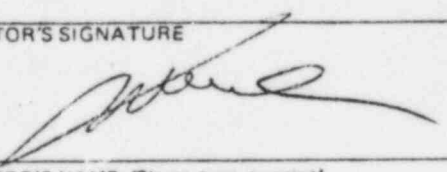
PRECEPTOR STATEMENT (Continued)

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-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	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

May 1, 1982 to July 31, 1982

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:		6. PRECEPTOR'S SIGNATURE 	
a. NAME OF SUPERVISOR Dan G. Pavel, M.D.		7. PRECEPTOR'S NAME (Please type or print) Dan G. Pavel, M.D.	
b. NAME OF INSTITUTION University of Illinois			
c. MAILING ADDRESS 1740 W. Taylor, Room 2500		8. DATE February 11, 1983	
d. CITY Chicago, IL 60612			
5. MATERIALS LICENSE NUMBER(S) 12-00088-06			