

HOLLAND COMMUNITY HOSPITAL

602 Michigan Avenue
Holland, Michigan 49423
Phone 616-392-5141

| RECEIVED BY LFMB | |
|------------------|---------------|
| Date | 11/8/84 |
| Log | Nov 8 1984 |
| By | CF |
| Orig. To | R. T. Wallace |
| Action | CF |

clerk

| | |
|------------------|---------|
| Applicant | |
| Check No. | 13031 |
| Amount/Fee | \$120 |
| Type of Fee | ET and |
| Date Check Rec'd | 11/8/84 |
| Received By | CF |

October 29, 1984

U.S. N.R.C.
Materials Licensing Section
799 Roosevelt Rd.
Glen Ellyn, Illinois 60137

Dear William Adam:

Would you please amend our N.R.C. License #21-18502-01 issued to Holland Community Hospital to include David J. Mulligan, M.D. as an individual user for all uses of radioactive material currently listed in our license.

Please find enclosed a completed form NRC-313M detailing Dr. Mulligan's training and experience in the use of radioactive material. Also, please find enclosed a check made out to the U.S. Nuclear Regulatory Commission for the sum of \$120.00 to cover the amendment fee.

If you require any further information, we will be happy to supply it.

Sincerely,

Wayne Wallace

Wayne Wallace, R.T.
Holland Community Hospital

WW/st

8508120451 850711
REG3 LIC30
21-18502-01 PDR

EX
170.11(a)(9) TC
FEE EXEMPT

U.S. N.R.C.
LIC. FEE EXEMPT

84 NOV -8 AM 5:4

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OCT 31 1984

REGION III

OCT 31 1984

OPERATED BY HOLLAND COMMUNITY HOSPITAL AUTHORITY
Member Communities: City of Holland, Holland Township, Laketown Township, Park Township
Fully accredited by the Joint Commission on Accreditation of Hospitals

CONTROL NO. 7772

(8-78)

**TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER**

| 1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER David J. Mulligan, M.D. | | 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 | Diagnostic Radiology | June, 1982 | | |
| 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 | Henry Ford Hospital April, 1980 April, June, 1981 | 60 | 10 | |
| b. RADIATION PROTECTION | Henry Ford Hospital April, 1980 April, June, 1981 | 5 | -0- | |
| c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY | Henry Ford Hospital April, 1980 April, June, 1981 | 10 | -0- | |
| d. RADIATION BIOLOGY | Henry Ford Hospital April, 1980 April, June, 1981 | 10 | -0- | |
| e. RADIOPHARMACEUTICAL CHEMISTRY | Henry Ford Hospital April, 1980 April, June, 1981 | 18 | -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 |
| | | | | |

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: | |
| David J. Mulligan, M.D. | | | 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. | |
| 2329 Sunset Bluff Drive | | | 3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment. | |
| CITY | STATE | ZIP CODE | | |
| Holland, | MI | 49423 | | |
| 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 | 18 | Tc-99m | |
| | DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME | 7 | Wall Motion 145 | |
| | LIVER FUNCTION STUDIES | -0- | Bowel 3 | |
| | FAT ABSORPTION STUDIES | -0- | Gastroesophageal Reflux 5 | |
| | KIDNEY FUNCTION STUDIES | 27 | Gastric Emptying 3 | |
| | IN VITRO STUDIES | -0- | Hepatobiliary 38 | |
| OTHER | I-131 NP-59 Adrenal Images | 2 | Cystogram 13 | |
| | I-125 DETECTION OF THROMBOSIS | -0- | Cerebral Blood Flow 28 | |
| I-131 | THYROID IMAGING | 69 | Testicular Flow Study 1 | |
| P-32 | EYE TUMOR LOCALIZATION | -0- | Superior Vena Cava 1 | |
| Se-75 | PANCREAS IMAGING | -0- | Renogram (DTPA) 46 | |
| Yb-169 | CISTERNOGRAPHY | -0- | Renal Scan (S.C.) 19 | |
| Xe-133 | BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES | 48 | Cr-51 | |
| OTHER | In-111 DTPA Cisternogram | 5 | Red Cell Mass 5 | |
| Tc-99m | BRAIN IMAGING | 90 | Red Cell Survival 1 | |
| | CARDIAC IMAGING | 54 | Co-57 & 58 | |
| | THYROID IMAGING | 25 | Schillings 17 | |
| | SALIVARY GLAND IMAGING | -0- | Tl-201 | |
| | BLOOD POOL IMAGING | -0- | Myocardial Perfusion 174 | |
| | PLACENTA LOCALIZATION | -0- | Ga-67 32 | |
| | LIVER AND SPLEEN IMAGING | 420 | | |
| | LUNG IMAGING | 85 | | |
| | BONE IMAGING | 494 | | |
| OTHER | See Comments Column | | | |

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 | } Observation Only |
| P-32 (Colloidal) | INTRACAVITARY TREATMENT | 1 | |
| I-131 | TREATMENT OF THYROID CARCINOMA | -0- | |
| | TREATMENT OF HYPERTHYROIDISM | 25 | |
| Au-198 | INTRACAVITARY TREATMENT | -0- | |
| Co-60 or Cs-137 | INTERSTITIAL TREATMENT | -0- | |
| | INTRACAVITARY TREATMENT | -0- | |
| I-125 or Ir-192 | INTERSTITIAL TREATMENT | -0- | |
| Co-60 or Cs-137 | TELETHERAPY TREATMENT | -0- | |
| Sr-90 | TREATMENT OF EYE DISEASE | -0- | |
| | RADIOPHARMACEUTICAL PREPARATION | | |
| Mo-99/ Tc-99m | GENERATOR | 10 | |
| Sn-113/ In-113m | GENERATOR | -0- | |
| Tc-99m | REAGENT KITS | 20 | |
| Other | | | |

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

April, 1980
April, 1981
June, 1981

TOTAL HOURS = 500

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

a. NAME OF SUPERVISOR Daniel S. Marks, M.D./
Jerry W. Froelich, M.D.

b. NAME OF INSTITUTION
Henry Ford Hospital

c. MAILING ADDRESS
2799 W. Grand Boulevard

d. CITY
Detroit, MI 48202

5. MATERIALS LICENSE NUMBER(S)
21-04109-16

6. PRECEPTOR'S SIGNATURE

Jerry W. Froelich

7. PRECEPTOR'S NAME (Please type or print)
Jerry W. Froelich, M.D.
(for Daniel S. Marks, M.D.)

8. DATE

July 27, 1984

Fee Paid

MATERIALS DATA INPUT—INDUSTRIAL, MEDICAL, SOURCE/SPECIAL NUCLEAR

A. TYPE OF ACTION AND IDENTIFICATION CODES

| | | | | | | |
|---|---|---|--|---------------|---------------------|-------------------------------|
| <input type="checkbox"/> NEW LICENSE | <input type="checkbox"/> AMENDMENT TO RENEW LICENSE | <input type="checkbox"/> AMENDMENT TO TERMINATE | <input checked="" type="checkbox"/> VOID | DOCKET NUMBER | MAIL CONTROL NUMBER | CHANGE NAME/ADDRESS ("X" box) |
| <input type="checkbox"/> NEW LICENSE AND NEW LICENSEE | <input checked="" type="checkbox"/> OTHER AMENDMENT | <input type="checkbox"/> CLERICAL CHANGE NO AMENDMENT | <input checked="" type="checkbox"/> | 030-13801 | 77727 | <input type="checkbox"/> |

B. INDICATIVE INFORMATION

| | | | | | |
|---------------------------------------|---|---|------------------|----------------------------|-------------------|
| INDIVIDUAL LICENSEES | NAME (Last, First, Middle) | NAME (Last, First, Middle) | | | |
| | NAME (Last, First, Middle) | NAME (Last, First, Middle) | | | |
| | NAME (Last, First, Middle) | NAME (Last, First, Middle) | | | |
| ORGANIZATION | ORGANIZATION NAME (Alphabetic Sequence) Holland Community Hospital | | | | |
| LICENSEES | DEPARTMENT OR BUREAU | | | | |
| ADDRESS | BUILDING STREET 602 Michigan Avenue | CITY Holland | | | |
| | STATE MI | ZIP CODE 49423 | | | |
| TYPE OF APPLICANT | <input type="checkbox"/> U.S. GOVERNMENT AGENCY | DATE REQUEST RECEIVED | INSTITUTION CODE | PENDING PROG. CODE | ACTUAL PROG. CODE |
| | <input checked="" type="checkbox"/> INDIVIDUAL LICENSEE | 10/31/84 | 18502 | | |
| | <input type="checkbox"/> ORGANIZATIONAL LICENSEE | | | | |
| SECONDARY PROGRAM CODES (As required) | | | | | |
| #1 | | #2 | #3 | #4 | #5 |
| LICENSE NUMBER 21-18502-01 | | DATE LICENSE ISSUED OR ACTION COMPLETED | | EXPIRATION DATE | |
| APPLICANT'S COMMUNICATION DATED | | CLASSIFICATION | ASSIGNED TO | RESULTING AMENDMENT NUMBER | |

ENCLOSURES

UNCLASSIFIED DESCRIPTION

DISTRIBUTION

OTHER REFERRALS

| NAME | DATE | NAME | DATE |
|------|------|------|------|
| | | | |