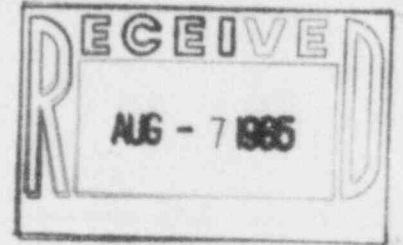




St. Luke's Hospital

(605) 229-3000
305 South State Street, Aberdeen, South Dakota 57401



August 1, 1985

Jack E. Whitten
License Management Branch
U.S. Nuclear Regulatory Commission
Region IV
611 Ryan Plaza Drive, Suite 1000
Arlington, Texas 76011

Dear Mr. Whitten:

Enclosed please find the Preceptor statement for Douglas R. Peterson, M.D., which was inadvertently not included with St. Luke's Hospital request to amend the hospital NRC License (40-18000-1). If you need additional information, please do not hesitate to contact me.

Sincerely,

Byron L. Petersen
Assistant Administrator

BLP/jm

Enclosure

CC: Calvin Andersen, M.D.,
Radiation Safety Officer

8510240130 850826
REG4 LIC30
40-18000-01 PDR

St. Luke's Hospital

PACE Shared Services
Sioux Falls, South Dakota

Brady Memorial Home
Mitchell, South Dakota

Faulk County Memorial Hospital
Faulkton, South Dakota

Marshall County Memorial Hospital
Britton, South Dakota

Holy Rosary Hospital
Miles City, Montana

McKenna Hospital
Sioux Falls, South Dakota

Mother Joseph Manor
Aberdeen, South Dakota

St. Joseph Hospital
Mitchell, South Dakota

Members Of
The Presentation
Health System

St. Luke's Hospital
Aberdeen, South Dakota

Dickey County Memorial Hospital
Ellendale, North Dakota

St. Joseph Hospital
Polson, Montana

Garfield County Hospital
Jordan, Montana

Caring For You... Since 1901

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

DOUGLAS R. PETERSON M.D.

STREET ADDRESS

1033 WILLOW DRIVE

CITY

ABERDEEN

STATE

S. DAK

ZIP CODE

54701

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	160	Gallium Scan 98
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	0	In" WBC 84
	LIVER FUNCTION STUDIES	0	Gastric Scan 12
	FAT ABSORPTION STUDIES	0	99mTc
	KIDNEY FUNCTION STUDIES Tc 99m	100	Biliary Scan 32
	IN VITRO STUDIES		99mTc
OTHER	99mTc Renal Scan	104	Bone Mineral 56
Tc 99m	DETECTION OF THROMBOSIS	88	131 I whole Body Scans 9
I-125	THYROID IMAGING	160	
P-32	EYE TUMOR LOCALIZATION	0	
Se-75	PANCREAS IMAGING	0	
Yb-169	CISTERNOGRAPHY	4	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	480	
OTHER	Thallium	760	
Tc-99m	BRAIN IMAGING	66	
	CARDIAC IMAGING	556	
	THYROID IMAGING	5	
	SALIVARY GLAND IMAGING	20	
	BLOOD POOL IMAGING	120	
	PLACENTA LOCALIZATION	0	
	LIVER AND SPLEEN IMAGING	268	
	LUNG IMAGING	560	
OTHER	BONE IMAGING	800	
	Parathyroid 99mTc 201 Thallium	20	

RECEPTOR 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	2	
P-32 (Colloid)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA	6	
	TREATMENT OF HYPERTHYROIDISM	24	
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
	TELE THERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	17	✓
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	56	✓
Other	In ¹¹¹ Tagged WBCs 99mTc Tagged RBCs	12 45	

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

640
500
 May June 1984 4 month at 40 hrs/wk
 Jan Feb 1985 plus call schedule

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

a. NAME OF SUPERVISOR

Don R Spiegelhoff MD

b. NAME OF INSTITUTION

ST LUKE'S Hospital
2900 W Oklahoma Ave

c. MAILING ADDRESS

Milwaukee, WI 53105

d. CITY

6. PRECEPTOR'S SIGNATURE

Don Spiegelhoff MD

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

Don R Spiegelhoff MD

8. DATE

1-5-85

5. MATERIALS LICENSE NUMBER(S)

48-01338-01