

AUG 8 1985

St. Patrick Hospital
ATTN: Dr. Albert R. Ward
500 W. Broadway
P.O. Box 4587
Missoula, Montana 59806

Gentlemen:

Application Dated April 17, 1985, for an Amendment to
Materials Licenses 25-16773-02 and 25-18361-01 and our
Request for the License Fee Dated May 15, 1985.

This refers to the subject application and our letter (copy enclosed)
in which we notified you that amendment fees totalling \$240 were required.

Please be advised that, unless we hear from you within 30 days from
the date of this letter, we will consider your application as being
abandoned.

The submission of any future applications with the prescribed fee would
not be affected by this action.

Sincerely,

Original Signed
Glenda Jackson

Glenda Jackson
License Fee Management Branch
Office of Administration

Enclosure:
Letter dated 5/15/85

cc: Region IV

DISTRIBUTION:
Pending Fee File
Weekly Reading File
Materials Reading File

B510240425 B50926
REQ4 LIC30
25-18361-01 PDR

OFFICE	LFMB:ADM	LFMB:ADM 8					
SURNAME	REJacques:rej	GJackson					
DATE	8/7/85	8/8/85					

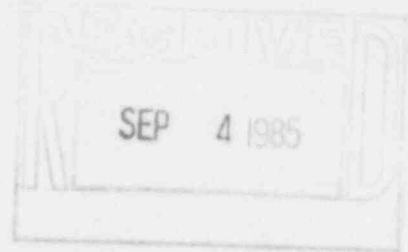


UNITED STATES
NUCLEAR REGULATORY COMMISSION

REGION IV
611 RYAN PLAZA DRIVE, SUITE 1000
ARLINGTON, TEXAS 76011

BETWEEN: William O. Miller, Chief
License Fee Management Branch
Office of Administration

R. J. Everett, Chief
Material Radiation Protection Section, TPB,
DV&TP, RIV



LICENSEE FEE TRANSMITTAL

A. REGION IV

1. APPLICATION ATTACHED

Applicant/Licensee:

Application Dated:

Control No.:

License No.:

Missoula Community Hosp.
August 8, 1985
460745
25-18361-01 (030-14921)

2. FEE ATTACHED

Amount:

Check No.:

3. COMMENTS

Signed

Date

Laura Hurley
August 21, 1985

B. LICENSEE FEE MANAGEMENT BRANCH

1. Fee Category and Amount:

2. Correct Fee Paid. Application may be processed for:

Amendment

Renewal

License

7C - 4120

7/84

Signed

Date

B Jackson
8/29/85



June 20, 1985

Mr. Grant Winn, Administrator
2827 Fort Missoula Rd.
Missoula, MT 59801

Dear Mr. Winn,

I am in the process of amending Missoula Community Medical Center's Radio-isotope Material license # 25-18361-01 to add Dr. William J. Birck to the list of authorized users. I am also deleting Dr. John Fritts from the list of users.

To complete this process I need your signature to indicate your concurrence with this request.

Cosigning this letter I think will be satisfactory.

I am also amending St. Patrick Hospital's material license in a similar manner. The amendment fees total \$240.00 which I anticipate to be shared equally between the two hospitals.

Thank you very much for your help.

Sincerely,

Albert R. Ward, M.D.,
Radiation Safety Officer
St. Patrick Hospital

ARW/mk

Aug - 5 IV

Applicant	St. Patrick Hosp.
Check No.	43091... (A240)
Amount / Fee Category	A/20 - 20
Type of Fee	Amendment
Date Check Rec'd.	8/15/85
Received By	Jackson

(see April for St. Patrick - 460603)

U.S. N.R.C.
1 C. FEE MGMT. BRANCH

85 AUG 28 10:58

RECEIVED

460745



LLW
Paul [signature]

JUN 2 1985

June 21, 1985

Mr. Larry White, Administrator
St. Patrick Hospital
500 W. Broadway
P.O. Box 4587

Dear Mr. White,

I am in the process of amending the Nuclear Medicine material license for St. Patrick Hospital, license # 25-16773-02 to add William J. Birck, M.D. to the list of authorized users and to delete John M. Fritts, M.D. from the list of authorized users.

To complete this process, I need your signature to indicate your concurrence with this request.

Cosigning this letter I think will be satisfactory.

We are similarly amending Missoula Community Medical Center's material license at the same time. Amendment fees total \$240.00 which I anticipate to be shared equally between the two hospitals.

Thank you very much for your help with this.

Sincerely,

Albert R. Ward, M.D.,
Radiation Safety Officer
St. Patrick Hospital

Lawrence L. White, Jr.
Administrator

ARW/mk

460745

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		
STREET ADDRESS		
CITY	STATE	

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	98	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	8	
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES	31	
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS		
I-128	THYROID IMAGING	133	
P-32	EYE TUMOR LOCALIZATION		
Sr-75	PANCREAS IMAGING		
In-111	CISTERNOGRAPHY	15	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	94	
OTHER			
Tc-99m	BRAIN IMAGING	13	
	CARDIAC IMAGING	21	
	THYROID IMAGING		
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING		
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	224	
	LUNG IMAGING	125	
	BONE IMAGING	565	
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 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	3	
P-32 (Colloidal)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA TREATMENT OF HYPERTHYROIDISM	28	
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	105	
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS		
Other Co-67 Tl-201 Tc-99m Jdillbag Tc-99m Tc-99m Tc-99m	Body Cardiac Biliary intrinsic factor renal + low/scan renal + low/scan renal + low/scan renal + low/scan	76 221 40 24 31 5 6	

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

Red cell mass
Cerebral blood flow

8
6

March, April, May, June 1982; May 1984
approx. 672 hours

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

a. NAME OF SUPERVISOR

James T. McClintock

b. NAME OF INSTITUTION

Cancer Foundation of Santa Barbara

c. MAILING ADDRESS

300 W Pueblo

d. CITY

Santa Barbara CA 93105

5. MATERIALS LICENSE NUMBER(S)

0104-42

5. PRECEPTOR'S SIGNATURE

James T. McClintock

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

see 42

8. DATE

21 June '84

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER William J. Birck, MD		2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE Montana
3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
Diagnostic Radiology		June, 1984

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	Cancer Foundation Santa Barbara Cottage Hospital, California 8/81 to 7/84	35	120
b. RADIATION PROTECTION	" "	5	35
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	" "	5	30
d. RADIATION BIOLOGY	" "	5	35
e. RADIOPHARMACEUTICAL CHEMISTRY	" "	8	40

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	25 mCi	Santa Barbara Cottage	8/81-7/84	Diagnosis
Tl 201	3 "	"	"	"
Xe133	10 "	"	"	"
In 111	.5 "	"	"	"
I 123	.2 "	"	"	"
Ga 67	5 "	"	"	"
I 131	150 "	"	"	"
Cr 51	.1 "	"	"	Therapy
Il25	.01	"	"	Diagnosis