



August 8, 1985

Glenda Jackson
License Fee Management Branch
Office of Administration
United States Nuclear Regulatory Commission
Washington, D. C. 20555

Dear Ms. Jackson:

Enclosed is a \$240.00 payment to the United States Nuclear Regulatory Commission as requested by you in your letter of May 15, 1985 for amendment fees. This refers to CONTROL NO. 460603. This refers to amending MATERIALS LICENSE 25-16773-02 (St. Patrick Hospital) and MATERIALS LICENSE 25-18361-01 (Missoula Community Medical Center).

I have forwarded preliminary letters with the signature of each respective hospital administrator to Mr. Witten at the Arlington, Texas office.

Thank you for your help in this matter.

Sincerely,

Albert R. Ward, M.D.
Radiation Safety Officer
St. Patrick Hospital
Department of Radiology
P.O. Box 4587
Missoula, Montana 59806

AEW/aw

cc

105 AUG 17 P24

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

April 4 - IV

Applicant	43091
Check No.	4340
Date	8/12/85
Received by	J.C. Gius

for St. Patrick
7C
(120)
8/29

8510240429 B50926
REQ4 LIC30
25-18361-01 PDR

460945

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	TELETHERAPY 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 Ga-67	Body	76	
Tl-201	Cardiac	221	
Tc-99m	Biliary	40	
Schilling	Intrinsic factor	24	
Tc-99m	Kidney + low/scan	31	
Tc-99m	Neck	5	
Low Phys. + Graphy		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. McClinton

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

6. PRECEPTOR'S SIGNATURE

James T. McClinton

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

see 4.2

8. DATE

21 June '84

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 ZIP CODE	

William Joseph BIRCK, M.D.

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-125	THYROID IMAGING	133	
P-32	EYE TUMOR LOCALIZATION		
Se-75	PANCREAS IMAGING		
I-125	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	505	
OTHER			

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
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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