



ST. FRANCIS HOSPITAL
OF NEW CASTLE

So. Mercer & Phillips St., New Castle, PA 16101
Phone - 412-658-3511

MS 16
P8

July 11, 1985

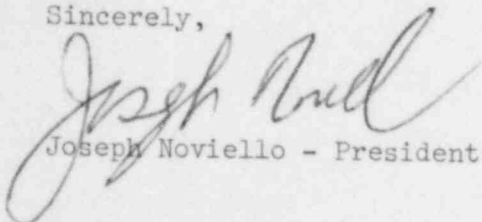
Ms. Judy Joustra
U.S. Nuclear Regulatory Commission
Regional Licensing Section
Region I
631 Park Avenue
King of Prussia, Pennsylvania 19406

Dear Ms. Joustra:

In accordance with the phone conversation held on 6/20/85 with Nuclear Medicine Associates, our consulting health physicists, enclosed is the additional information on the training and experience for R.H. Crain, M.D. Authorization is requested for Groups I, II, III with the exception of generators and 133Xe. We hope you find this adequate to allow the addition of Dr. Crain onto our license as an authorized user.

Thank you for the expeditious manner in which you are handling this request. If additional information is needed, please feel free to contact us.

Sincerely,


Joseph Noviello - President

JN/sk

8508130352 850724
REG1 LIC30
37-07739-01 PDR

1985 JUL 15 PM 1:44

RECEIVED-REGION I

03858

"OFFICIAL RECORD COPY"

ML10

JUL 15 1985

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
<p>FULL NAME Richard Henry Crain, M. D.</p> <p>STREET ADDRESS 307 Meadow Lane Edgeworth</p> <p>CITY STATE ZIP CODE Sewickley, PA 15143</p>	<p>PERSONAL PARTICIPATION SHOULD CONSIST OF:</p> <p>1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.</p> <p>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.</p> <p>3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.</p>

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	55	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME		
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES	18	
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING		
P-32	EYE TUMOR LOCALIZATION		
Se-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	54	
OTHER			
Tc-99m	BRAIN IMAGING	122	
	CARDIAC IMAGING	15	
	THYROID IMAGING	57	
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING	2	
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	191	
	LUNG IMAGING	94	
	BONE IMAGING	159	
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		
P-32 (Colloidal)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM		
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			
Cr-51	Red Cell Mass	2	
Ga-57	Tumors/Abcess	4	
Tl-201	Myocardial	3	

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

June 1981 to July 1985

700 Hours

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

a. NAME OF SUPERVISOR
Eugene T. Danko, M. D.

b. NAME OF INSTITUTION
St. Francis Hospital of New Castle

c. MAILING ADDRESS
South Mercer & Phillips Streets

d. CITY
New Castle, PA 16101

6. PRECEPTOR'S SIGNATURE

Eugene Thomas Danko MD
Director of Radiology

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

Eugene T. Danko, M. D.
Director of Radiology

8. DATE

7/9/85

5. MATERIALS LICENSE NUMBER(S)
37-07739-01

6/20/85

TELEPHONE OR VERBAL CONVERSATION RECORD

TIME

1:15

☐ A.M.
☒ P.M.

☐ INCOMING CALL

☒ OUTGOING CALL

☐ VISIT

PERSON CALLING

J.A. Sowter

OFFICE/ADDRESS

Region I

PHONE NUMBER

EXTENSION

5257

PERSON CALLED

Mr. Giomuso

OFFICE/ADDRESS

Nuclear Med Assoc.

PHONE NUMBER

EXTENSION

218

641-5799

CONVERSATION

SUBJECT

preceptor statement for Dr. Crain

SUMMARY

will send additional information on Sup. B. Form
and signed by preceptor for recent experience
with Gross materials.

REFERRED TO:

ACTION REQUESTED

ACTION TAKEN

☐ ADVISE ME OF
ACTION TAKEN.

INITIALS

DATE

INITIALS

DATE

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