



TEMPLE UNIVERSITY HOSPITAL

3401 NORTH BROAD STREET

PHILADELPHIA, PENNSYLVANIA 19140

DEPARTMENT OF DIAGNOSTIC IMAGING
RADIOLOGY 215-221-4200
NUCLEAR MEDICINE 215-221-3475

MS 16
KO

September 10, 1985

Mr. John D. Kinneman
Nuclear Regulatory Commission
631 Park Avenue
King of Prussia, PA 19406

Dear Mr. Kinneman,

Please find enclosed an addendum to my application for User's License with Episcopal Hospital, Preceptor Statement, Supplement A. The item #5 was inadvertently left blank on the original statement. This should complete it.

Thank you for your attention to this matter.

Sincerely,

Richard A. Vitti, M.D.

Richard A. Vitti, M.D.

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37-03420-01 PDR

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RECEIVED-REGION 1

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"OFFICIAL RECORD COPY"

Centennial Challenge Program 1884-1984

SEP 18 1985

ML10

Addendum to #5. Experience with Radiation

Actual Use of Radioisotopes or Equivalent Experience

ISOTOPE	MAXIMUM AMOUNT	TYPE OF USE
Tc-99m	30 mCi	Bone Imaging (Limited and Whole Body) Bone Marrow Imaging Brain Imaging Lung Perfusion Imaging Gated Blood-Pool Imaging Myocardial Infarct Detection Renal Flow and Function Renal Structure Angiography/Venography Joint Imaging Ventricular Shunt Imaging Peritoneal Shunt Imaging Testicular Imaging Thyroid Diagnosis Salivary Gland Imaging Dacrocystography Bile Reflux Detection Biliary Tract Imaging Liver and Spleen Imaging Esophageal Transit Gastroesophageal Reflux Detection Gastric Emptying Quantification Lymphoscintigraphy Aerosol Lung Imaging
Ga-67	10 mCi	Whole Body Imaging
I-123	3 mCi	Brain Imaging Thyroid Diagnosis
I-131	200 mCi	Thyroid Therapy Renal Flow and Function Studies Radioimmunoassay
Cr-51	200 uCi	RBC Mass/Blood Volume Determinations Gastrointestinal Blood Loss
I-125	100 uCi	Thrombosis Detection Radioimmunoassay
In-111	500 uCi	Leucocyte Localization CSF Rhinorrhea Detection Cerebral Ventricular Imaging Gastric Emptying Quantification Whole Body Imaging Colonic Motility Quantification

(Continued)

Addendum to #5 (continued). Experience with Radiation

ISOTOPE	MAXIMUM AMOUNT	TYPE OF USE
Xe-133	20 mCi	Cerebral Flow Determination Lung Ventilation Imaging
Co-57/Co-58	1 uCi	Schilling's Test
Mo-99m	100 mCi	Generator Assay
Tl-201	3 mCi	Myocardial Imaging Parathyroid Imaging
P-32	15 mCi	Therapy of Bone Metastases and Polycythemia Vera Intracavitary Instillation
Se-75	500 uCi	Gastric Ulcer Localization

The above experience was obtained at Temple University Hospital from July 1, 1983 to June 30, 1985.

DATE 9/4/85

TELEPHONE OR VERBAL CONVERSATION RECORD

TIME 3:40 ☐ A.M. ☒ P.M.

☐ INCOMING CALL

☐ OUTGOING CALL

☐ VISIT

PERSON CALLING

Piccone

OFFICE/ADDRESS

NRC Region I

PHONE NUMBER

EXTENSION

PERSON CALLED

Richard A. Vitti, M.D.

OFFICE/ADDRESS Episcopal Hosp.

PHONE NUMBER

EXTENSION

(215) 427-7305

CONVERSATION

SUBJECT

Insufficient info given on Supplement A

SUMMARY

- Item # 5 was left blank. We need info as described below

We must receive a detailed description of the individual isotopes and the amounts of each isotope that Dr. V has had experience with during the past five years, the duration of experience, the type of use and the institution(s) where the experience was obtained. We would expect the type of use to include:

- Ordering, receiving, and unpackaging radioactive material safely, including performance of the related radiation surveys.
- Calibration of dose calibrators and diagnostic instrumentation, and performance of operational checks on survey meters.
- Calculation, preparation and calibration of patient doses, including radiation safety considerations.
- Administration of doses to patients, including proper use of syringe shields.
- Appropriate internal control procedures to prevent the misadministration of materials to patients.
- Emergency procedures to handle and contain spilled materials safely, including related decontamination procedures.

REFER

ACTION

The information that you submit must be adequate to fulfill the criteria set forth in Appendix A, Section 2.b. If Item 5 on Form 313M-Supplement A does not provide enough room for detailed account, you may expand this format to a full page.

Supplement info. will be sent.

DATE 9/4/85

ACTION TAKEN

"OFFICIAL RECORD COPY"

INITIALS

DATE

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

John E. Glenn, Chief
Nuclear Materials Section B
Division of Engineering and
Technical Programs

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: Episcopal Hospital

Application Dated: 7/23/85

Control No.: 104304

License No.: 37-03420-01

2. FEE ATTACHED

Amount: \$120.00

Check No.: 073554

3. COMMENTS

Signed Brenda Platchek

Date 8/27/85

02/20

B. LICENSE FEE MANAGEMENT BRANCH

1. Fee Category and Amount: 7C - \$120

1/89

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

Amendment ✓

Renewal

License

Signed Rita Jacques

Date 9/6/85

"SECTION COPY"

Check Date

August 21, 1985

EPISCOPAL HOSPITAL
Philadelphia, Pa. 19125

31
310

Check Number

073554



Philadelphia National Bank

Pay to the
order of:

United States Nuclear
Regulatory Commission

Amount

\$ 120.00

Authorized Signature

Authorized Signature

CHECKS EXCEEDING \$2500.00 NEED ADDITIONAL SIGNATURE

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