



Episcopal Hospital

Front Street & Lehigh Avenue • Philadelphia, PA 19125-1098 • 215/427-7000

Department of Nuclear Medicine
Harry J. Lessig, M.D.
215-427-7305

July 23, 1985

RECEIVED

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

John E. Glenn, Ph.D.
Materials Licensing Branch
Division of Fuel, Cycle, and Material Safety
United States Nuclear Regulatory Commission
Region I
631 Park Avenue
King of Prussia, Pennsylvania 19406

Re: Amendment 58
License No.: 37-03420-01
Episcopal Hospital

Dear Dr. Glenn:

I wish to amend Episcopal Hospital's Nuclear Regulatory License Number 37-03420-01 to include Richard A. Vitti, M.D. for groups I, II, III, IV, and V, ¹³³Xenon, ¹²⁵Iodine and ¹⁵³Gd Sealed sources for diagnosis of bone malities. In addition, for housekeeping purposes I would like to delete the following physicians who no longer are doing Nuclear Medicine - David Sabbar, M.D., Michael G. Velchik, M.D., and Peter S. Robbins, M.D.

Dr. Vitti took a fellowship in Nuclear Medicine at Temple University Hospital. This was completed on June 30, 1985. Enclosed is the standard Supplement A and preceptor statement needed to show he has completed the required training to be allowed to use these diagnostic and therapeutic radionuclides. He is Board eligible in Nuclear Medicine and has recently taken the American Board of Nuclear Medicine.

Enclosed is a check for \$120.00 to cover the cost of this amendment.

Thank you for your time and consideration in this matter.

Sincerely yours,

Harry J. Lessig M.D.
Harry J. Lessig, M.D., Director
Department of Nuclear Medicine and
Radiation Safety Officer
Episcopal Hospital

Richard L. Morris
Richard L. Morris
Assistant Vice President
Episcopal Hospital

104304

AUG 26 1985

Sept-3-I

Applicant	073554
Check No.	073554
Amount	\$120.00
Type of Fee	Amendment
Date Check Recd.	9/3/85
Received By	<i>[Signature]</i>

SO 11 11 92 20V 8891

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HJL:om

8510300078 850925
REG1 LIC30
37-03420-01

PDR - community teaching hospital since 1851

"OFFICIAL RECORD COPY"

ML10

TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER Richard A. Vitti, M.D.	2. STATE OF TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE Penna.
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3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
Temple University Hospital		

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	Temple University Hospital	232	225
b. RADIATION PROTECTION	from July 1, 1983 to June 30, 1985	90	90
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY		60	60
d. RADIATION BIOLOGY		90	60
e. RADIOPHARMACEUTICAL CHEMISTRY		90	60

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE

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

Richard A. Vitti, M.D.

STREET ADDRESS

Temple University Hospital
3401 N. Broad St.

CITY

Philadelphia

STATE

PA

ZIP CODE

19140

KEY TO COLUMN C

PERSONAL PARTICIPATION SHOULD CONSIST OF:

1-Supervised examination of patients to determine the suitability for radiisotope 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 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	640	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	30	
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES	50	
	IN VITRO STUDIES	740	
OTHER			
I-125	DETECTION OF THROMBOSIS	350	
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	1250	
OTHER			
Tc-99m	BRAIN IMAGING	1066	
	CARDIAC IMAGING	70	
	THYROID IMAGING		
	SALIVARY GLAND IMAGING	20	
	BLOOD POOL IMAGING	320	
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	2200	
	LUNG IMAGING	1300	
	BONE IMAGING	2300	
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	12	
P-32 (Colloidal)	INTRACAVITARY TREATMENT	6	
I-131	TREATMENT OF THYROID CARCINOMA	30	
	TREATMENT OF HYPERTHYROIDISM	120	
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	40	
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	40	
Other Ga67	Gallium avid lesions	600	

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

Two year residency training program from July 1, 1983 to June 30, 1985

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

a. NAME OF SUPERVISOR

Alan H. Maurer, M.D.

b. NAME OF INSTITUTION

Temple University Hospital

c. MAILING ADDRESS

3401 N. Broad Street

d. CITY

Phila., PA. 19140

5. MATERIALS LICENSE NUMBER(S)

37-00697-31

6. PRECEPTOR'S SIGNATURE

Alan H. Maurer MD.

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

Alan H. Maurer, M.D.

8. DATE

June 11, 1985