

MEDICAL IMAGING CORPORATION

17 V ROESSLER ROAD
WOBLRN, MASSACHUSETTS 01801

(617) 938-0232

August 9, 1985

John E. Glenn, Ph.D.
U.S. Nuclear Regulatory Commission
613 Park Avenue
King of Prussia, PA 19406

Dear Dr. Glenn:

Medical Imaging Corporation at this time would request the Commission to amend license #20-18449-0 to include Doctor Anthony J. Hayden, whose training and experience is indicated on the enclosed forms.

Doctor Hayden will be working very closely with Medical Imaging while it is providing services at Pease Air Force Base Hospital.

The One Hundred Twenty (\$120.00) Dollars amendment fee is enclosed. Should there be any questions, please feel free to call at 617-938-0232.

Sincerely,

William Guimond

William Guimond
General Manager

U.S. N.R.C.
REG. MGMT. BRANCH

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RECEIVED

Aug 21 - I

Applicant.	326
Check No.	326
Amount/Fee Category	\$120.00
Type of Fee	Ampl
Date Check Recd.	8/22
Received By	Jacques

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Enc.

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REG1 LIC30
20-18449-01 PDR

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TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER		2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE		
Hayden, Anthony J.		New Hampshire		
3. CERTIFICATION				
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C		
The American Board of Radiology	Diagnostic Radiology	June 1985		
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	1982 - 1985 David Grant Medical Center Travis Air Force Base, Ca	50	20	
b. RADIATION PROTECTION	Same	100	20	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	Same	30	20	
d. RADIATION BIOLOGY	Same	100	10	
e. RADIOPHARMACEUTICAL CHEMISTRY	Same	20	50	
5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
		David Grant Medical Center Travis AFB, Ca		

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

Anthony J. Hayden

STREET ADDRESS

SGHR/Radiology USAF Hospital

CITY

STATE

ZIP CODE

Dease AFB,

NH

03803

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.

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	100	SCHILLINGS <u>4</u>
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	3	
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
I-123	KIDNEY FUNCTION STUDIES	29	IN ¹¹¹ CHLORIDE BONE MARROW <u>1</u>
	THYROID SCAN	57	BMA <u>1</u>
OTHER	Cr-51 Red Cell Vol	3	
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING	17	
Ga-67	Total Body	49	
Tl-201	Cardiac Scanning	67	
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	15	
OTHER	Tc99m Renal	36	Tc99m Studies
Tc-99m	BRAIN IMAGING	24	BLEEDING <u>2</u>
	CARDIAC IMAGING MUGA	149	PYP HEART <u>1</u>
	THYROID IMAGING	15	1ST PASS <u>10</u>
	SALIVARY GLAND IMAGING	1	MECKELS <u>1</u>
	BLOOD POOL IMAGING Venogram	7	STRESS MUGA <u>1</u>
	Hepatobiliary	8	GE REFLUX <u>4</u>
	LIVER AND SPLEEN IMAGING	147	
	LUNG IMAGING	25	
	BONE IMAGING	254	
OTHER	Tc99m Bone marrow	4	

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	3	
	TREATMENT OF HYPERTHYROIDISM	17	
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	5	
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	15	
Other			

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

Dec 83
July 84
April 85
500 hrs

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

a. NAME OF SUPERVISOR

JOHN LEWIS FLOYD, Lt Col, USAF, MC

b. NAME OF INSTITUTION

David Grant Medical Center

c. MAILING ADDRESS

Travis AFB, Ca. 94535

d. CITY

n/a

5. MATERIALS LICENSE NUMBER(S)

01-07840-01

6. PRECEPTOR'S SIGNATURE



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

John Lewis Floyd

8. DATE

24 July 85