

Date: August 7, 1996

PRELIMINARY NOTIFICATION OF EVENT OR UNUSUAL OCCURRENCE PN1-56

This preliminary notification constitutes EARLY notice of events of POSSIBLE safety or public interest significance. The information is as initially received without verification or evaluation, and is basically all that is known by the Region I staff on this date.

## Facility:

Yale-New Haven Hospital  
20 York Street  
New Haven, CT 06504

## Licensee Emergency Classification:

☐ Notification of Unusual Event  
☐ Alert  
☐ Site Area Emergency  
☐ General Emergency  
☒ Not Applicable

Docket No.: 030-01244

License No.: 06-00819-03

Event No.:

Event Location Code: H

SUBJECT: LOSS OF IODINE-125 SEEDS

At approximately 3:20 pm on August 6, 1996, the licensee called the NRC Operations Center to report the loss of 5 iodine-125 sources (seeds), with activity of 0.5 millicuries each. On February 26, 1996 the licensee received 50 iodine-125 seeds, with activity of 3 millicuries each. Of the 50 seeds the licensee used 49 seeds in an eye plaque to treat a patient. On March 6, 1996, the seeds were returned to a vial after the seeds were retrieved from the eye plaque. The licensee reported that on March 6, 1996, the seeds were counted and verified to be 50 seeds. On July 26, 1996 the vial reportedly containing 50 seeds was taken to the operating room to implant the seeds in a patient. The seeds were placed in a glass dish, the dish covered with a piece of gauze and placed in a stainless steel container, and autoclaved prior to implanting in the patient. The licensee stated that, after the physician implanted 36 seeds in the patient only 9 seeds were left in the vial, versus the expected 14 seeds. The licensee surveyed the operating room, but failed to locate the 5 missing seeds. On a resurvey of the operating room, 3 seeds were found in a blood suction bottle. The licensee believes that these 3 seeds were dislodged from the 36 seeds that were just implanted into the patient and, therefore, do not account for the 5 missing seeds.

Seed accountability in the patient could not be verified through X-rays because the patient had an earlier implant of 80 seeds in the same area (oral cavity) and fillings in the teeth obscured some of the seeds in the X-rays.

The licensee believes that either the sources were lost in March 1996, with a total activity at that time of about 15 millicuries, or the sources were lost on July 26, 1996, with a total activity at that time of about 2.5 millicuries. The licensee is continuing its search and investigation of the cause of this incident, including the adequacy of procedures for retrieval, accounting, inventory, and control of radioactive seeds.

Region I will continue its review of the licensee's performance in this area.

The State of Connecticut has been notified. Region I is prepared to respond to media inquiries.

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2/10/97

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# NMSS LICENSEE EVENT REPORT

License No. 06-00819-03

Docket No. 030-01244

MLER-RI 96-58

LICENSEE Yale - New Haven Hospital

EVENT DESCRIPTION Lost RAM (5 I-125 seeds 0.5 mci each) on 8/6/96 <sup>on 8/6/96</sup> <sup>on 13.4 mci</sup> <sup>on 3/6/96</sup>

EVENT DATE 7/26/96 <sup>on 3/6/96</sup> REPORT DATE 9/6/96

## 1. REPORTING REQUIREMENT

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> 10 CFR 20.2201 Theft or Loss | <input type="checkbox"/> 10 CFR 35.33 Misadministration |
| <input type="checkbox"/> 10 CFR 20.2203 30 Day Report            | <input type="checkbox"/> License Condition              |
| <input type="checkbox"/> 10 CFR 30.50 Report                     |   |
| <input type="checkbox"/> Other _____                             |   |

## 2. REGION I RESPONSE

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Immediate Site Inspection                          | Inspector/Date _____                  |
| <input type="checkbox"/> Special Inspection                                 | Inspector/Date _____                  |
| <input type="checkbox"/> Telephone Inquiry                                  | Inspector/Date _____                  |
| <input checked="" type="checkbox"/> Preliminary Notification                | <input type="checkbox"/> Daily Report |
| <input checked="" type="checkbox"/> Information Entered on the Region I Log |                                       |
| <input type="checkbox"/> Review at Next Routine Inspection                  |                                       |
| <input type="checkbox"/> Report Referred to _____                           |                                       |

## 3. REPORT EVALUATION

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Description of Event   | <input checked="" type="checkbox"/> Corrective Actions                        |
| <input checked="" type="checkbox"/> Levels of RAM Involved | <input type="checkbox"/> Calculation Adequate                                 |
| <input checked="" type="checkbox"/> Cause of Event         | <input type="checkbox"/> Letter to Licensee Requesting Additional Information |

## 4. SPECIAL INSTRUCTIONS OR COMMENTS

070083

Completed by Judith A. Jovine

Date 1/21/97

Reviewed by [Signature]

Date 1/23/97

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(Revised 1/6/95)

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