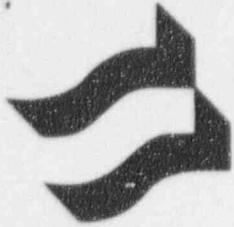


PUBLIC/PDR
SO



Samaritan Hospital

1025 Center St.
Ashland, Ohio 44805-4098
(419) 289-0491

WILLIAM C. KELLEY, JR. FACHE
PRESIDENT/ CEO

34-18591-01
030-13751

January 28, 1997

Nuclear Materials Licensing Section
U.S. Nuclear Regulatory Commission
Region III
801 Warrenville Road
Lisle, Illinois 60532-4351

To Whom It May Concern:

As required by 10 CRF 35.14(a), please be advised that, pursuant to the authorization in 35.13(b) and 35.22(b)(2), the Radiation Safety Committee has approved Lalit Gurtoo, M.D. as an authorized user for the materials and procedures specified in 35.100 and 35.200 except xenon-133. Dr. Gurtoo is certified by the ABR in Diagnostic Radiology. The Radiation Safety Committee approved Dr. Gurtoo on December 30, 1996. Documentation specifying certification is enclosed.

If you need any further information, please feel free to contact us.

Sincerely,

Chairman, Radiation Safety Committee

9702100015 970128
PDR ADDCK 03013751
C PDR

Pm: 1-28-97

Samaritan Medical Center

RECEIVED

JAN 29 1997

REGION III

JAN 29 1997

111 mL
31 DTH

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The American Board of Radiology

M. Paul Capp, M.D., Executive Director

Assistant Executive Directors
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Tucson, Arizona 85711

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June 12, 1996

LALIT GURTOO, MD
825 PONTIAC AVENUE
WILLOWBROOK APTS. #5101
CRANSTON, RI 02910

39857 / DR / 13 / 42

Dear Doctor Gurtoo:

I am pleased to inform you that you passed the oral examination held June 9-12, 1996. The American Board of Radiology grants you its Certificate of Diagnostic Radiology.

The certificate will be sent to the above address in approximately three months. Your name will appear on the certificate as shown above. If you wish your name to appear differently, please notify the Board office within thirty days.

Your name will be included in a Directory published by The American Board of Medical Specialties. It is your responsibility to notify your local and state medical organizations of your certification.

On behalf of the Board of Trustees of The American Board of Radiology, I congratulate you on this achievement.

Sincerely,



M. Paul Capp, M.D.

Attention to
CANDI WEBBER

SUPPLEMENT A

216 350-1239

SUPPLEMENT	U.S. NUCLEAR REGULATORY COMMISSION
TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER	

1. NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER <p style="text-align: center; font-size: 1.2em;">LALIT GURTOO, M.D.</p>	2. FOR PHYSICIANS, STATE OR TERRITORY WHERE LICENSED N.Y., R.I. (OHIO — APPLIED FOR)
--	---

3. CERTIFICATION		
SPECIALTY BOARD <small>A</small>	CATEGORY <small>B</small>	MONTH AND YEAR CERTIFIED <small>C</small>
Radiology	D2 Radiology	6/96

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES			
FIELD OF TRAINING <small>A</small>	LOCATION AND DATE(S) OF TRAINING <small>B</small>	TYPE AND LENGTH OF TRAINING	
		CLOCK HOURS IN LECTURE OR LABORATORY	CLOCK HOURS OF SUPERVISED ON-THE-JOB EXPERIENCE
a. RADIATION PHYSICS AND INSTRUMENTATION	<p>6 months of Nuclear Medicine was performed during my Residency. Additionally Radiology/Nuclear Physics courses throughout the four years of my Training were also given.</p>		
b. RADIATION PROTECTION			
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY			
d. RADIATION BIOLOGY			
e. RADIOPHARMACEUTICAL CHEMISTRY			

5. EXPERIENCE WITH RADIATION, (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	mCi USED AT ONE TIME	LOCATION	CLOCK HOURS	TYPE OF USE

STATE OF NEW YORK
APPLICATION FOR RADIOACTIVE MATERIALS LICENSE
SUPPLEMENT A — HUMAN USE

Page 2

This page may be completed by the professional practitioner's preceptor (if any) in the medical use of radioactive material. When the information is not furnished by the preceptor, the name and present address of the preceptor (if any) should be shown in lines 12 below.

9. (a) USING PROFESSIONAL PRACTITIONER'S NAME (Any person licensed or otherwise authorized under the State Education Law to practice medicine, dentistry, podiatry or osteopathy)

(b) NAME AND ADDRESS OF APPLICANT (if different from (a))

Lalit Gurtoo, M.D.
448 Wood Acres Drive
East Amherst, New York 14051

10. CLINICAL TRAINING AND EXPERIENCE OF PROFESSIONAL PRACTITIONER WHO WILL USE RADIOACTIVE MATERIAL

(A) ISOTOPE	(B) DIAGNOSTIC STUDIES / TREATMENTS	(C) No. cases observed (see 1 in key below)	(D) Personal participation (see 2 in key below)
99mTc	Blood Pool Imaging (HAC, HSA)	6	6
	Bone Marrow Imaging (Sulfur Colloid)		
	Bone Imaging (phosphate Compounds)	580	580
	Breast Imaging (TcO4, Phosphate Compds.)		
	Cystography (TcO4)		
	Dacrocystography (TcO4)		
	Gastric Emptying (Tc Sc, TcO4) /Reflux	2/1	2/1
	G.I. Bleed Localisation (TcO4, RBC, SC)	10	10
	Hepato-biliary Imaging (IDA analogs)	57	57
	Liver Imaging (SC)	82	82
	Lung Perfusion (MAA, Microspheres)	210	210
	Lung Ventilation (DTPA aerosol) And Xe GaS	191	191
	Lymphoscintigraphy (antimony sulfide)		
	MUGA Cardiac studies (RBC, HSA)	647	647
	Myocardial Imaging (pyrophosphate)	2	2
	Renal Imaging (DTPA, SCN, SA)	252	252
	Salivary Gland Imaging (TcO4)		
	Shunt Patency Evaluation (SC, MAA, Microspheres)		
	Splenic Imaging (SC)	64	64
	Testicular Imaging (TcO4)	3	3
	Thyroid Imaging (TcO4)	99	99
	Venography (MAA, Microspheres)	53	53
123I	Thyroid Imaging/ Uptake (NaI)	6	6
	Renal Functional Imaging (Mippuran)		
131I	Thyroid Imaging/Uptake (NaI)	5	5
	Thyroid Metastases Evaluation (NaI)	9	9
	Adrenal Imaging (Cholesterol, MIBG)		
	Renal Functional Imaging (Mippuran)		
67Ga-	Tumor Imaging (Citrate)	35	35
	Abcess/Infection Localisation (Citrate)	3	3
111In	Abcess/Infection Localisation (Leukocytes)	6	6
	Cisternogram/Ventriculogram (DTPA)	3	3

STATE OF NEW YORK
APPLICATION FOR RADIOACTIVE MATERIALS LICENSE
SUPPLEMENT A — HUMAN USE

(A) ISOTOPE	(B) DIAGNOSTIC STUDIES / TREATMENTS	(C) No. Cases Observed (see 1 in key below)	(D) Personal Participation (see 2 key below)
133Xe/ 127Xe	Ventilation Imaging studies (in saline or as gas)		
201Tl	Myocardial Imaging (Thallous chloride)	187	187
	Parathyroid Imaging (Thallous chloride)	8	8
	Thyroid Imaging (Thallous chloride)		
169Yb	Cisternogram/Ventriculogram (DTPA)		
51Cr	RBC Mass determination (Na chromate)	1	1
	Red Cell Survival (Na chromate)		
	Splenic Sequestration (Na chromate)		
59Fe	Iron Turn Over studies		
125I	Radioimmuno-Assays		
	Blood Volume Determinations		
57Co 58Co	Intestinal Absorption studies		
OTHERS:	Myocardial Imaging (Sestamibi) Stress/Rest	412/434	412/434
	Persantine	25	25
	Brain	8	8
	First Pass	162	162
	Meckels/Large Vessel Flow/Schillings	2/2/10	2/2/10
32P	<u>TREATMENTS</u>		
	Polycythemia (Sodium phosphate)		
	Intracavitary Therapy (Colloidal Chromic Phosphate)		
131I	Hyperthyroidism (NaI)		
	Thyroid Carcinoma (NaI)		
60Co	Interstitial Treatment		
137Cs	Intracavitary Treatment		
	Teletherapy Treatment		
OTHERS:			

Key to Column (C) and (D) above

- Observation should consist of observing radioisotope administration techniques and discussion with preceptor the case histories to establish most appropriate diagnostic and/or therapeutic procedure, limitation, contraindications, etc.
- Personal participation should consist of (a) supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation on dosage to be prescribed; (b) collaboration in calibration of the dose and the actual administration of the dose to the patient, including calculation of the radiation dose, related measurements, and plotting of data; and (c) adequate period of training to enable the physician to manage radioactive patients and to follow patients through diagnosis and/or the course of treatment.

11. DATES AND TOTAL NUMBER OF HOURS OF CLINICAL RADIOISOTOPE TRAINING 10/1/91 - 10/31/91; 12/1/92 - 12/31/92; 6/1/93 - 6/30/93; 7/1/93 - 7/31/93; 10/1/93 - 10/31/93; 7/1/94 - 7/31/94

12. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF DR. Joseph P. [Signature]

AT *SNY Department of Nuclear Medicine 105 Parker Hall Buffalo, NY 14214
(Institution Name and Address) (Byproduct Material License Number) (Signature of Preceptor) 7/7/93

DATE: 1-30-97

CORRESPONDENCE CLARIFICATION SHEET

REVIEWER: BJ HOLT
LICENSEE: SAMARITAN Hosp.
LICENSE NUMBER: 34-18571-01

The following correspondence has been received from the above licensee and it is not clear what action(s) is(are) required: Please review this correspondence and indicate which of the following applies, and please return to Debbie Hersey, as soon as possible.

☐ Additional Information to Control No. _____
Process in as a new action, additional information, and no fee required.

☐ Process as new licensing action. Review has already been started on Control No. _____ and this information cannot be combined with current in-house action.

☐ Can be combined with Control No. _____. Review has not started.

☐ Appears to be information for the license file - file it.

☐ Licensee is adding Nuclear Pharmacists.

☐ Amendment is necessary _____. Amendment is not necessary _____.
(Information for license file)

☒ Licensee is adding authorized users.

☒ A check is included _____. No check is included ✓.

Amendment is necessary _____. Amendment is not necessary ✓
(This is a Notification)

☐ Process in as a new licensing action:

- A. Amendment _____
B. Renewal _____
C. New License Application _____

☐ Other: _____

Thank You For Your Help!!!

10/16/96