

PUBLIC / PDR  
030-02375

November 25, 1996

U.S. Nuclear Regulatory Commission  
Regional Licensing Section  
801 Warrenville Road  
Lisle, IL 60532-4351

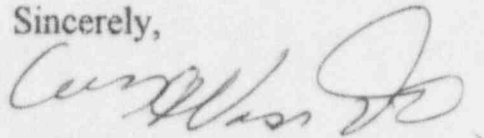
Re: Modification of the Quality Management Program for license 24-12699-01.  
Capital Region Medical Center  
Jefferson City, Mo. 65101

Gentlemen:

Attached is a revised page from our quality management program. The change reflects new forms for permanent brachytherapy procedures.

If you have any questions concerning this revised policy, please do not hesitate to call.

Sincerely,



William Voss, D.O.  
Radiation Safety Officer

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PDR ADOCK 03002375  
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**BRACHYTHERAPY QM PRESCRIPTION FORM**

(Retain this form 3 years after administration, per 10 CFR 35.32 (d).)

Patient Name: \_\_\_\_\_

Hospital #: \_\_\_\_\_

Birth date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

**Brachytherapy Prescription**

Isotope: \_\_\_\_\_ Form: \_\_\_\_\_

Type of Administration: ☐...Temporary ☐...Permanent

Treatment Site: \_\_\_\_\_

Desired Dose: \_\_\_\_\_

\_\_\_\_\_  
(Authorized User (Physician's Signature))

\_\_\_\_\_  
(Date/Time)

All revisions to the written prescription must be signed and dated by the Authorized User in accordance with the Brachytherapy QM procedures.

**Record of Brachytherapy Dose Administration**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Physician: \_\_\_\_\_

Total number of sources: \_\_\_\_\_

Brachytherapy QM Verification Sheet

Patient Name: \_\_\_\_\_

Pre-Implant Check of Sources  
(verify with written directive)

Radioisotope: \_\_\_\_\_

Number of Sources: \_\_\_\_\_

Sources: Single use only? ☐...YES ☐...NO

Source Strengths: \_\_\_\_\_

Loading Sequence: \_\_\_\_\_

Source Identity and Activity: (Circle One)

Visual

Dose Calibrator

Exposure Rate

Initialed \_\_\_\_\_ Date/Time \_\_\_\_\_

If you do not understand the above instructions or there are any discrepancies, see the authorized user (physician) and/or RSO for clarification.

Patient Identification Check:

Ask patient's name and confirm the name by comparison with corresponding information in patient's records. Circle one of the following methods used to verify patient identity:

Birthdate   Address   S.S.#   Signature   ID Bracelet   ID Card   Medical Insurance Card

Initialed \_\_\_\_\_ Date/Time \_\_\_\_\_

Brachytherapy Treatment Plan

Calculated by: \_\_\_\_\_

Date/Time \_\_\_\_\_

Checked by: \_\_\_\_\_

Date/Time \_\_\_\_\_

Brachyqm.wpd