



MERCY HOSPITAL

March 8, 1985

U.S. Nuclear Regulatory Commission, Region III  
Office of Nuclear Material Safety and Safeguards  
Division of Fuel Cycle and Material Safety  
Materials Licensing Branch  
799 Roosevelt Road  
Glen Ellyn, Illinois 60137

Attention: Dr. Bruce Mellen

Re: Amendment of Radioactive Material License  
No. 14-1347-4-01

Dear Mr. Mellen:

Attached are the necessary documents to add the name of  
Donald T. Van de Water, M.D., to Condition-12:

Form NRC-313M-Supplement A, Training and Experience of  
Authorized User

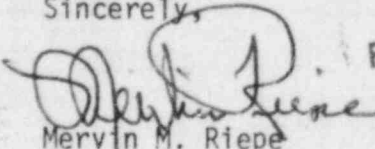
Form NRC-313M-Supplement B, Preceptor Statement

Amendment Fee, Check No. 795 in the amount of \$120

Also, please delete the name of Jerome C. Tanous, M.D. from Condi-  
tion-12.

8509110115 850830  
REG3 LIC30  
14-13474-01 PDR

Sincerely,

  
Mervin M. Riepe  
Acting President

RECEIVED

MAR 11 1985

REGION III

Handwritten: *March 8, 1985*

Id. *269468180*

Encls. *7*

Type of Fee *Amendment*

Date *3/25/85*

Received By *[Signature]*

Handwritten: *no refund due*

MAR 11 1985

CONTROL NO. 7-8490

*- voided - abandoned*

TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER <i>Donald T. Van de Water, MD</i>	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE <i>CO + IA</i>
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3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
<i>Am. Board of Radiology</i>	<i>Diagnostic Radiology</i>	<i>1978</i>

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			
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	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
		<i>University of Colorado Medical Center</i>	<i>7-1-75 to 6-30-77</i>	

## 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

Donald Theron Van de Water, MD

## STREET ADDRESS

132 Rosebud Lane

## CITY

Council Bluffs

## STATE

IA

## ZIP CODE

51501

## 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	24 + 7	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	6 + 4	
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES	21	
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING	15	
P-32	EYE TUMOR LOCALIZATION		
Sr-75	PANCREAS IMAGING		
Yb-169	OSTEREOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	14 + 42	
OTHER	renal function	5 + 21	
Tc-99m	BRAIN IMAGING	304 + 204	
	CARDIAC IMAGING	20	
	THYROID IMAGING	36 + 7	
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING		
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING 43	31 + 129	
	LUNG IMAGING 20	14 + 60	
	BONE IMAGING 20 (1.5)	90 + 24	
OTHER	Peritoneal Imaging	18	

# 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	8 + 1	
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	TELE THERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	12 Obtain one each week	
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	Have routine kits available	
Other			

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

\* 3 months fully based on January 1978

VA - 1 month - July 1978

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

a. NAME OF SUPERVISOR

W.C. Kluge-Weiss II (by)

b. NAME OF INSTITUTION

Univ. of Colorado

c. MAILING ADDRESS

4200 E. K Ave

d. CITY

Denver Colo

### 5. MATERIALS LICENSE NUMBER(S)

COLO. 163 (00902) - 05

### 6. PRECEPTOR'S SIGNATURE

*William R. Hennessy*

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

William R Hennessy

### 8. DATE

2-13-85

FORM NRC-313M-SUPPLEMENT B  
(8-78)

NOTE TO: License Fee Management Branch, ADM

FROM: Region III

SUBJECT: VOIDED APPLICATION

Control Number 78490

Applicant Mercy Hosp.

Date Voided 8-30-85

Reason for Void No response to  
abandonment letter

Signature Pat Vaccaron

Attachment:  
Application

78490  
Mar 22  
NO refund  
case  
9/6/85

ok L FMB