



TRAIL CLINIC

10163 GRATIOT AVENUE ■ DETROIT, MICHIGAN 48213

35-17619

January 18, 1985

U.S. Nuclear Regulatory Commission
Region III
799 Roosevelt Road
Glen Ellyn, Illinois 60137

Dear Sirs:

We would like to add an amendment to our Nuclear Medicine License.
Licensee - Trail Clinic, P.C., 18254 Livernois, Detroit, MI 48221,
and 16840 E. Warren, Detroit, MI 48224. License number is
21-18991-01, expiration date 9/30/85.

Enclosed is an application for Dr. Dina Shah. She should be added
to our license and also included as the Radiation Safety Officer.
Also enclosed is a check for \$120.00 for the license amendment.

At this time, please omit the following physician's from our
license as they are no longer with Trail Clinic: 1) Jeffrey S. Stern,
D.O.; 2) Anselm A. Ofodile, M.D.; and 3) Leon C. Dunn, M.D.

If there are any questions, please feel free to call me at
313-921-8080.

Sincerely,

Larry G. Heggemeyer

Larry G. Heggemeyer
Director, Special Studies
LGH/jah

Encl.

8509110200 650830
REG3 LIC30
21-18991-01 PDR

Applicant	<i>Feb 3/85</i>
Check No.	<i>1215 \$120</i>
Amount	<i>7C. gnd</i>
Check Rec'd	<i>2/4/85</i>
Received By	<i>[Signature]</i>

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RECEIVED
JAN 22 1985
REGION III

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OTHER CLINIC LOCATIONS

7531 E. 8 Mile Rd.
Warren, MI 48091
759-6300

16840 E. Warren Ave.
Detroit, MI 48224
882-3836

15200 E. 10 Mile Rd.
East Detroit, MI 48021
775-2262

18254 Livernois Ave.
Detroit, MI 48221
861-4400

16937 W. 7 Mile Rd.
Detroit, MI 48235
493-4750

8305 Grand River
Detroit, MI 48204
894-1900

4115 W. Vernor
Detroit, MI 48209
843-7100

CONTROL NO. 7-8158

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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

DINA SHAH

STREET ADDRESS

25368 Carrollton Dr.

CITY

STATE

ZIP CODE

Farmington Hills

MI

48018

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	1	(Cardiac Blood Pool Imaging-MUGA)
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	2	
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES		
	IN VITRO STUDIES		
OTHER	I-123 Thyroid Studies	12	
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING		
P-32	EYE TUMOR LOCALIZATION		
Se-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY	2	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	5	
OTHER	Tl-201 Myocardial Imaging	35	
Tc-99m	BRAIN IMAGING	152	
	CARDIAC IMAGING	16	
	THYROID IMAGING	3	
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING	48	
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	102	
	LUNG IMAGING	13	
	BONE IMAGING	80	
OTHER	Tc-99m Venogram	5	

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		
	TREATMENT OF HYPERTHYROIDISM	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	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR		
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS		
Other	"HIDA" Scan	2	
	Ga-67 Scan	3	
	Tc-99m Renal Scan	2	
	Tc-99m LeVein Shunt Scan	3	
	I-131 Adrenal Scan	1	

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

Approximately one hour of formal lecture and theoretical discussion
each working day from 5/1/81 thru 8/28/81.

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

a. NAME OF SUPERVISOR

Y. GOEL, M.D. (Chief) & J. LEE, M.D.

b. NAME OF INSTITUTION

Nuclear Medicine Service

c. MAILING ADDRESS

VA Medical Center

d. CITY

Allen Park, MI 48101

5. MATERIALS LICENSE NUMBER(S)

2104234-01

6. PRECEPTOR'S SIGNATURE

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

Y. GOEL, M.D. (Chief), J. LEE, M.D.

8. DATE

December 19, 1984

NOTE TO: License Fee Management Branch, ADM

FROM: Region III

SUBJECT: VOIDED APPLICATION

Control Number 78158

Applicant Trail Clinic, P.C.

Date Voided 8/30/85

Reason for Void No response to
abandonment letter

Signature P. Vachon

Attachment:
Application

gh LFMB

78158
Feb 3
Abandoned
by Lic
No refund
due
cep
9/5