

PORT HURON HOSPITAL
1001 KEARNEY STREET
PORT HURON, MICHIGAN 48060

8 July, 1985

United States Nuclear Regulatory Commission
Region III, Office of Materials Licensing
799 Roosevelt Road
Glen Ellyn, Illinois 60137

ATTENTION: Bruce Mallett, Ph.D.

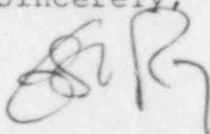
RE: Request for amendment to NRC License No. 21-20137-01

We hereby request the following change to our NRC License:

The addition of Herminio C. Calderon, M.D., as an authorized user to our License (NRC Supplement A & B certification by the American Board of Nuclear Medicine, and certification by the American Board of Radiology included.)

Thank you for your help and attention regarding this matter. Enclosed is the \$120.00 fee for the License amendment per 10 CFR 170.31 7.C.

Sincerely,



Administrator

8509110387 850820
REG3 LIC30
21-20137-01 PDR

U.S. NRC
12. FEE NRC L. BRANCH

85 AUG 23 AM 1:42

Amount	Aug 22 nd
Check No.	54129 \$120
Amount/For	Change y 75
Type of Fee	and
Date Check Rec'd	8/23/85
Received By	609

AUG 14 1985

RECEIVED

AUG 14 1985

REGION III

CONTROL NO. 7 9560



PORT HURON HOSPITAL

PORT HURON, MICHIGAN

48061-5011

24 97
721

54129

DATE 8-12-85

\$ 120.00

PAY One Hundred Twenty and 00/100 ----- DOLLARS

TO THE ORDER OF

VOID AFTER 60 DAYS

United States Nuclear Regulatory Commission
Region III, Office of Materials Licensing
799 Roosevelt Road
Glen Ellyn, Illinois 60137



ADMINISTRATOR

⑈054129⑈ ⑈07240097⑈ 4200170538⑈

ACCOUNT NO.	AMOUNT	DESCRIPTION OF PAYMENT
7060089	\$120.00	Amendment to NRC License # 21-20137-01

GROSS TOTAL

\$120.00



PORT HURON HOSPITAL

PORT HURON, MICHIGAN 48061-5011

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS PAYMENT OF ITEMS LISTED ABOVE
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY



The American Board of Nuclear Medicine

A JOINT BOARD OF THE
AMERICAN BOARDS OF INTERNAL MEDICINE,
PATHOLOGY AND RADIOLOGY & SPONSORED
BY THE SOCIETY OF NUCLEAR MEDICINE

900 Veteran Avenue Los Angeles, California 90024 Telephone (213) 525-4781
JOSEPH CROSS, M.D. PRESIDENT
ELIZABETH J. JOHNSON, Ph.D. ADMINISTRATOR June 2, 1982

Patricia L. Rose
Medical Staff Coordinator
Mercy Hospital
2601 Electric Avenue
Port Huron, MI 48060

Dear Ms. Rose:

Herminio C. Calderon, M. D.

This will confirm that the above-named physician was certified by the American Board of Nuclear Medicine in 1981, certification 04720.

Please note that the Board is located in Los Angeles at the address above and not in New York.

Very sincerely yours,

Elizabeth J. Johnson, Ph. D.
Administrator

ONE BOARD
Dr. J. H. Board, M.D.
Los Angeles, California
FIVE BOARD
Joseph Cross, M.D.
Los Angeles, California
NINE BOARD
Elizabeth J. Johnson, Ph.D.
Los Angeles, California

SEVEN BOARD
Herminio C. Calderon, M.D.
Los Angeles, California
THIRTEEN BOARD
Herminio C. Calderon, M.D.
Los Angeles, California

SEVEN BOARD
Herminio C. Calderon, M.D.
Los Angeles, California

SEVEN BOARD
Herminio C. Calderon, M.D.
Los Angeles, California

SEVEN BOARD
Herminio C. Calderon, M.D.
Los Angeles, California

SEVEN BOARD
Herminio C. Calderon, M.D.
Los Angeles, California

The American Board of Radiology

June 15, 1982

In request to your letter of May 18, 1982, Herminio C. Calderon, M.D. is now certified by The American Board of Radiology in the field of DIAGNOSTIC RADIOLOGY WITH SPECIAL COMPETENCE IN NUCLEAR RADIOLOGY. on June 4, 1982.

Gladys Willis
(Mrs.) Gladys Willis
Secretary to C. Allen Good, M.D.

lp

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

HERMINIO C. CALDERON

2. STATE OR TERRITORY IN
WHICH LICENSED TO
PRACTICE MEDICINE
MICHIGAN

3. CERTIFICATION

SPECIALTY BOARD

A

CATEGORY

B

MONTH AND YEAR CERTIFIED

C

1. AMERICAN BOARD OF
NUCLEAR MEDICINE
2. AMERICAN BOARD OF
RADIOLOGY

DECEMBER, 1981

JUNE, 1982

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING
ALOCATION AND DATE(S) OF TRAINING
B

TYPE AND LENGTH OF TRAINING

LECTURE/
LABORATORY
COURSES
(Hours)
CSUPERVISED
LABORATORY
EXPERIENCE
(Hours)
Da. RADIATION PHYSICS AND
INSTRUMENTATIONWILLIAM BEAUMONT HOSPITAL
JULY 1979 - JUNE 1981

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

AUG 14 1985

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		KEY TO COLUMN C
FULL NAME		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.
CALDERON, HERMINIO C.		
STREET ADDRESS		
2929 WEST VILLAGE LANE		
CITY	STATE	ZIP CODE
PORT HURON	MICH.	48060

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	39	Tc-99m Used
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	122	
	LIVER FUNCTION STUDIES	0	
	FAT ABSORPTION STUDIES	0	
	KIDNEY FUNCTION STUDIES	0	
	IN VITRO STUDIES	102,210	
OTHER			See attached sheets (7/79 - 6/81)
I-125	DETECTION OF THROMBOSIS	19	
I-131	THYROID IMAGING	19	Tc-99m Used
P-32	EYE TUMOR LOCALIZATION	24	
Se-75	PANCREAS IMAGING	144	See attached sheets (7/79 - 6/81)
Yb-169	CISTERNOGRAPHY	34	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	757	See attached sheets (7/79 - 6/81)
OTHER			
Tc-99m	BRAIN IMAGING	1,102	See attached patient service reports (7/79 - 6/81)
	CARDIAC IMAGING	503	
	THYROID IMAGING	1,492	
	SALIVARY GLAND IMAGING	22	
	BLOOD POOL IMAGING	1,414	
	PLACENTA LOCALIZATION	0	
	LIVER AND SPLEEN IMAGING	2,881	
	LUNG IMAGING	866	
	BONE IMAGING	3,296	
OTHER			

PRECEPTOR STATEMENT (Continued)

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

ISOTOPE	CONDITIONS DIAGNOSED OR TREATED	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.)
A	B	C	D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	20	
P-32 (Colloidal)	INTRACAVITARY TREATMENT	2	
I-131	TREATMENT OF THYROID CARCINOMA	12	
	TREATMENT OF HYPERTHYROIDISM	77	
Au-198	INTRACAVITARY TREATMENT	0	
Co-60 or Cs-137	INTERSTITIAL TREATMENT	0	
	INTRACAVITARY TREATMENT	0	
I-125 or Ir-192	INTERSTITIAL TREATMENT	0	
Co-60 or Cs-137	TELE THERAPY TREATMENT	0	
Sr-90	TREATMENT OF EYE DISEASE	0	
	RADIOPHARMACEUTICAL PREPARATION	0	
Mo-99/ Tc-99m	GENERATOR		
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS		
Other:			

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

7/79 - 6/81 4000 hours

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

a. NAME OF SUPERVISOR

Howard J. Dworkin, M.D.

b. NAME OF INSTITUTION

William Beaumont Hospital

c. MAILING ADDRESS

3601 WEST 13 MILE ROAD

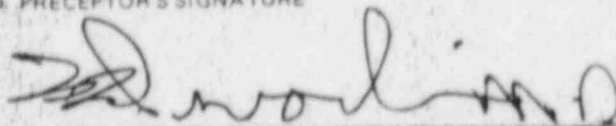
d. CITY

Royal Oak, Michigan

5. MATERIALS LICENSE NUMBER(S)

21-01333-01

6. PRECEPTOR'S SIGNATURE



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

Howard J. Dworkin, M.D.

8. DATE

June 17, 1983

1/74 - 4/81
DEPARTMENT OF NUCLEAR MEDICINE REPORT OF PATIENT SERVICES:

1981

PROCEDURES	CODE#	INPT	OUTPT	TOTAL	INPT%	OUTPT%
RC# 394 IMAGING PROCEDURES:						
CARDIAC BLOOD POOL SCA	7843	2	0	2		
BONE SCAN LIMITED	7927	23	34	57		
BONE SCAN MULTIPLE	7897	1694	1545	3239		
BRAIN SCINTISCAN	7873	527	575	1102		
CEREBRAL BLOOD FLOW	7940	512	564	1076		
CISTERNOGRAPHY WITH MY	9009	31	3	34		
CYSTOGRAM/RADIONUCLIDE	6024	4	41	45		
GA67 LIMITED AREA	9008	4	1	5		
GA67 MULTIPLE AREA	9007	117	78	195		
LIVER SCINTISCAN	7880	1866	1015	2881		
BILIARY TRACT SCAN	7964	598	70	668		
LUNG SCINTISCAN	7881	786	80	866		
XENON-133 VENTILLATION	7911	678	79	757		
LYMPHATICS & LYMPH NOD	7882	0	1	1		
MEDIASTINAL SURVEY	7884	0	0	0		
MYOCARDIAL STUDY-SCAN	7844	497	6	503		
NECK & CHEST SURVEY	9006	3	29	32		
OCULAR (P-32) TUMOR LO	7886	7	17	24		
PANCREAS SCAN	7888	94	50	144		
PLACENTAL LOCALIZATION	7890	0	0	0		
ANGIOCARDIOGRAM	7845	890	524	1414		
THALLIUM CARDIAC STUDY	7961	160	771	931		
CARDIAC OUTPUT	7840	0	0	0		
CIRCULATION TIME	7842	0	0	0		
ANGIOGRAM	7846	58	15	73		
RENAL SCINTISCAN	7891	228	73	301		
RENAL FLOW	7826	224	70	294		
RENOGRAM RENAL FUNCTIO	7825	25	34	59		
SALIVARY (PAROTID) GLA	7892	0	22	22		
SPLEEN SCTINSCAN	7893	54	38	92		
TECHNETIUM THYROID	7895	175	1317	1492		
IODINE THYROID SCAN	7804	1	3	4		
TSH THYROID STIMULATIO	7805	0	1	1		
THYROID UPTAKE/SCAN	7802	2	17	19		
THYROID UPTAKE MULTIPL	7801	54	330	384		
GASTROESOPHAGEAL SCAN	7958	14	19	33		
ADRENAL STUDY	7957	3	10	13		
MECKEL'S DIVERTICULUM	7960	56	55	111		
MOBILE CAMERA PROCED	7956	264	1	265		
FIBRINOGEN SCAN	7908	15	4	19		
THYROID UPTAKE SINGLE	7800	6	14	20		
SUBTOTALS:		9672	7506	17178	56.3	43.7

1981

PROCEDURES	CODE#	INPT	OUTPT	TOTAL	INPT%	OUTPT%
------------	-------	------	-------	-------	-------	--------

RC# 394 IMAGING PROCEDURES:

IODINE THRPY 4-20 MCI	7716	9	68	77		
IODINE THRPY 21-40 MCI	7717	1	2	3		
IODINE THRPY ABLATION	7700	10	2	12		
IODINE THRPY CARDIAC	7704	0	0	0		
P-32 THRPY POLYCYTHEMI	7706	6	6	12		
P-32 THRPY NEOPLASM	7708	5	2	7		
P-32 THRPY LEUKEMIA	7707	1	0	1		
P-32 THRPY COLLOIDAL	7712	1	1	2		

SUBTOTALS:		33	81	114	28.9	71.1
------------	--	----	----	-----	------	------

RC# 394 IMAGING PROCEDURES:

SCHILLING B-12 ABSORPT	7834	68	35	103		
SCHILLING B-12 W/IF	7835	15	8	23		
SCHILLING B-12 W/ANTIB	7836	0	0	0		
PLASMA VOLUME RISA	7860	46	76	122		
RED CELL MASS CR-51	7862	47	76	123		
RED CELL SURVIVAL CR-5	7853	1	7	8		
SPLEEN/LIVER RATIO	7854	0	3	3		
IRON ABSORPTION (ORAL)	7838	0	0	0		
CLEARANCE/PLASMA IRON	7851	0	0	0		
TURNOVER/PLASMA IRON	7850	0	0	0		
IRON UTILIZATION IN RB	7852	0	1	1		
FAT ABSORPTION	7830	7	10	17		
GI PROTEIN LOSS	7837	0	0	0		
GI RED CELL LOSS	7863	0	0	0		
BLOOD PROTEIN DISAPPEA	7864	3	1	4		

SUBTOTALS:		187	217	404	46.3	53.7
------------	--	-----	-----	-----	------	------

RC# 394 GRAND TOTALS:		9892	7804	17696	55.9	44.1
-----------------------	--	------	------	-------	------	------

RC# 393 IMAGING COMPUTER:

COMPUTER ANALYSIS	9021	1100	1299	2399		
-------------------	------	------	------	------	--	--

SUBTOTALS:		1100	1299	2399	45.9	54.1
------------	--	------	------	------	------	------

1981

PROCEDURES	CODE#	INPT	OUTPT	TOTAL	INPT%	OUTPT%
RC# 391 RADIOASSAY PROCEEDS:						
ANDROSTENEDIONE	6055	1	0	1		
DIGOXIN	7907	10761	1837	12598		
ESTROGEN BINDING	7952	0	0	0		
FOLATE	6056	2038	461	2499		
FTI FREE THYROID INDEX	8232	6756	12326	19082		
FSH	9014	430	1717	2147		
HCG BETA SUBUNIT	6190	535	1044	1579		
ESTRIOL	5049	0	0	0		
GENTAMICIN BY RIA	7955	0	0	0		
INSULIN	9016	551	3913	4464		
METHOTREXATE	6016	33	8	41		
LH	9015	383	1703	2086		
RENIN ACTIVITY	7951	446	137	583		
PROLACTIN	7953	658	2313	2971		
TESTOSTERONE	9010	450	3501	3951		
T3 RIA	9011	2664	3978	6642		
TBGS	6015	3329	6054	9383		
T4 RIA	8228	6738	12360	19098		
TSH	9020	4339	6637	10976		
B12 ASSAY	7833	2036	467	2503		
HGH HUMAN GROWTH HORMO	7963	556	227	783		
FERRITIN	7954	324	322	646		
CORTISOL	5045	0	0	0		
TRF THY RELEASE FUNCTI	7959	51	38	89		
--	9999	27	61	88		
--	2000	0	0	0		
SUBTOTALS:		43106	59104	102210	42.2	57.8

CONTROL NO. 7 9560

1981

PROCEDURES	CODES	INPT	OUTPT	TOTAL	INPT%	OUTPT%
------------	-------	------	-------	-------	-------	--------

RC# 380 ASSOCIATED PROCEEDS

CONSULT-DWORKIN	3001	0	23	23		
CONSULT-FINK	3002	0	21	21		
CONSULT-FREITAS	3003	0	26	26		
CONSULT-WETZEL	3004	0	13	13		
CONSULT-NAGLE	3005	0	0	0		
NEEDLE BIOPSY	3100	0	8	8		
INSULIN-GLUCOSE	3210	0	0	0		
GRWTH HORMONE/L-DOPA	3310	0	0	0		
GRWTH HORMONE/ARGININE	3320	0	0	0		
GRWTH HORMONE/INSULIN	3330	0	0	0		
GRWTH HORMONE/GULCOLA	3340	0	0	0		
GRWTH HORMONE/EXERCISE	3350	0	0	0		
TSH/TRF	3410	0	0	0		
PROLACTIN/TRF	3510	0	0	0		
TESTOSTERONE/BASE	3610	0	0	0		
TESTOSTERONE/ACTH	3620	0	0	0		
TESTOSTERONE/DEXA	3630	0	0	0		
CORTISOL/BASE	3710	0	0	0		
CORTISOL/ACTH	3720	0	0	0		
CORTISOL/DEXA	3730	0	0	0		
SUBTOTALS:		0	91	91	0.0	100.0
GRAND TOTALS:		54098	2762	56860	95.1	4.9

CONTROL NO. 7 9560