

COMMUNITY

Founded



HOSPITAL

1925

April 25, 1985

Materials Licensing Section  
U.S. Nuclear Regulatory Commission  
Region III  
799 Roosevelt Road  
Glen Ellyn, IL 60137

RE: Amendment to Materials License No. 12-11675-02

Gentlemen:

This is in request of amendment to the above referenced materials license to add the name of William R. Brauer, M.D. to our license as an authorized user of byproduct material. Dr. Brauer's initial preceptor statements documenting his training in nuclear medicine are supplemented by clinical training he has received under my supervision.

Although our hospital is not using Mo99/Tc99m generators at this time, we ask that you authorize Dr. Brauer for the Group III procedures. Dr. Brauer had participated in generator elution procedures during his initial nuclear medicine training at the University of Wisconsin under Dr. Polcyn's supervision.

Our check in the amount of \$120, payable to the U.S. Nuclear Regulatory Commission is enclosed to cover the amendment application processing fees. Should additional information be needed to process this amendment request, please contact Standard Nuclear Consultants directly at (312) 344-7308. We look forward to receiving the license amendment document.

Sincerely,

*Nicholas C. Burriesci*  
Nicholas C. Burriesci, M.D.  
Director of Radiology

Applicant	W. R. Brauer, M.D.
Check No.	13819
Amount	\$120.00
Fee Category	Application Fee
Type of Fee	Application Fee
Date Check Rec'd	4/29/85
Received By	[Signature]

RECEIVED APR 29 1985  
APR 29 1985  
REGION III

CONTROL NO. 78835

8509170116 850816  
REG3 LIC30  
12-11675-02 PDR

GENEVA, ILLINOIS 60134 • 312/232-0771



**Veterans  
Administration**

10 February 1983

In Reply Refer To:

William Brauer, M.D.  
Radiology Department  
St. Catherine's Hospital  
3556 Seventh Ave.  
Kenosha, WI 53140

Dear Bill:

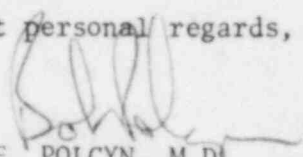
I am sending this letter in response to your request for documentation of your rotation through the Nuclear Medicine laboratory at the University of Wisconsin. Our records indicate you rotated through the Nuclear Medicine laboratory for the standard one month interval. In addition I can verify:

1. Your involvement in Nuclear Medicine conferences throughout the duration of your Radiology residency.
2. Your attendance at didactic presentations of the physics of radioactivity, atomic structure, modes of decay, radiation safety, radiobiology, radiopharmacy, radiopharmaceutical and instrumentation quality control, basic design of radiation detection equipment, related mathematics as well as a survey of clinical applications of radiotracers.

Since this experience is exactly what your peers across the country typically receive in the course of Radiology residency you would readily meet requirements for inclusion as a user of radioactive material as part of a hospital/clinic NRC license.

If you need further documentation of your experience with us let me know.

Best personal regards,

  
R. E. POLCYN, M.D.  
Chief, Nuclear Medicine Service

Attachment

CONTROL NO. 7 8 8 3 5

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			<b>KEY TO COLUMN C</b>  <b>PERSONAL PARTICIPATION SHOULD CONSIST OF:</b>  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.
FULL NAME			
William Brauer, M.D.			
STREET ADDRESS			
2123 N. 89th St.			
CITY	STATE	ZIP CODE	
Wauwatosa,	WI	53226	

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	110	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	26	
	LIVER FUNCTION STUDIES	2	
	FAT ABSORPTION STUDIES	3	
	KIDNEY FUNCTION STUDIES	260	
	IN VITRO STUDIES	50	
OTHER			
I-125	DETECTION OF THROMBOSIS	3	
I-131	THYROID IMAGING	3	
P-32	EYE TUMOR LOCALIZATION	2	
Se-75	PANCREAS IMAGING	3	
Yb-169	CISTERNOGRAPHY	6	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	25	
OTHER			
Tc-99m	BRAIN IMAGING	240	
	CARDIAC IMAGING	26	
	THYROID IMAGING	40	
	SALIVARY GLAND IMAGING	2	
	BLOOD POOL IMAGING	3	
	PLACENTA LOCALIZATION	0	
	LIVER AND SPLEEN IMAGING	300	
	LUNG IMAGING	40	
	BONE IMAGING	390	
OTHER			

# 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	3	
P-32 (Colloidal)	INTRACAVITARY TREATMENT	1	
I-131	TREATMENT OF THYROID CARCINOMA	6	
	TREATMENT OF HYPERTHYROIDISM	20	
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	TELETHERAPY TREATMENT	0	
Sr-90	TREATMENT OF EYE DISEASE	0	
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	10	
Sn-113/ In-113m	GENERATOR	0	
Tc-99m	REAGENT KITS	12	
Other			

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

40 hours/week  
4/1/76 - 4/30/76

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:		5. PRECEPTOR'S SIGNATURE	
a. NAME OF SUPERVISOR ROBERT E. POLCYN, M.D.		7. PRECEPTOR'S NAME (Please type or print) ROBERT E. POLCYN, M.D.	
b. NAME OF INSTITUTION University of Wisconsin Hsp. & Clinics			
c. MAILING ADDRESS 600 Highland Avenue			
d. CITY Madison, WI 53792		8. DATE 10 February 1983	
5. MATERIALS LICENSE NUMBER(S) 48-09843-18			

## 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 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.
FULL NAME WILLIAM R. BRAUER, M.D.		
STREET ADDRESS COMMUNITY HOSPITAL OF GENEVA 416 S. SECOND ST		
CITY GENEVA, ILLINOIS	STATE ZIP CODE 60134	

## 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
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	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME		
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES		
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING	25	
P-32	EYE TUMOR LOCALIZATION		
Se-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	40	
OTHER			
Tc-99m	BRAIN IMAGING		
	CARDIAC IMAGING	10	
	THYROID IMAGING	25	
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING		
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	30	
	LUNG IMAGING	40	
	BONE IMAGING	60	
OTHER	HEPATO BILIARY - Tc 99m	20	

# 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>Please refer to initial Training Statements for documentation of generators at this time we are using a central radioisotope pharmacy as our supplier</p>
P-32 (Colloidal)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM	5	
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	5	
Other			

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

10-20-84 to 4-25-85 120

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

a. NAME OF SUPERVISOR

NICHOLAS C. BURRIESCI, MD

b. NAME OF INSTITUTION

COMMUNITY HOSPITAL

c. MAILING ADDRESS

416 S. SECOND ST.

d. CITY

GENEVA, ILL 60134

5. MATERIALS LICENSE NUMBER(S)

12-11675-02

6. PRECEPTOR'S SIGNATURE

Nicholas C. Burriesci, MD

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

NICHOLAS C. BURRIESCI, MD

8. DATE

4-25-85



(8-78)

# TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER  William Brauer, M.D.	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE <i>Wisconsin, Illinois</i>
--	--

3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
<i>American Board of Radiology</i>	<i>Radiology</i>	<i>June, 1976</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	<i>University of Wisconsin Hospitals Madison / Wisconsin Radiology and Nuclear Medicine</i>	100	60
b. RADIATION PROTECTION	<i>7/1/72 - 7/1/75 Residency</i>	30	30
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	"	10	25
d. RADIATION BIOLOGY	"	40	50
e. RADIOPHARMACEUTICAL CHEMISTRY	"	50	30

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>I-131</i>	<i>30 mCi</i>	<i>University of Wisconsin + Community Hospital of Kenosha</i>	<i>see previous statements</i>	<i>Therapy</i>
<i>Tc-99m</i>	<i>30 mCi</i>	"	"	<i>DIAGNOSIS</i>
<i>Xe-133</i>	<i>20 mCi</i>	"	"	"
<i>I-131</i>	<i>1 mCi</i>	"	"	"
<i>Mo-99</i>	<i>2.0 Ci</i>	<i>University of Wisconsin</i>	<i>see item 4B above</i>	<i>reagent but preparation</i>

# The American Board of Radiology

*Organized through the cooperation of the  
American College of Radiology, the American Roentgen Ray Society,  
the American Radium Society, the Radiological Society of North America,  
the Section on Radiology of the American Medical Association  
and the American Society of Therapeutic Radiologists*

*Hereby certifies that*

**William R. Brauer, M.D.**

*Has pursued an accepted course of graduate study  
and clinical work, has met certain standards and qualifications and  
has passed the examinations conducted under the authority of*

*The American Board of Radiology*

*On this eighteenth day of June, 1976*

*Thereby demonstrating to the satisfaction of the Board  
that he is qualified to practice the specialty of*

**Diagnostic Radiology**







**Veterans  
Administration**

10 February 1983

In Reply Refer To:

William Brauer, M.D.  
Radiology Department  
St. Catherine's Hospital  
3556 Seventh Ave.  
Kenosha, WI 53140

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If you need further documentation of your experience with us let me know.

Best personal regards,

A handwritten signature in dark ink, appearing to read 'R. E. Polcyn'.

R. E. POLCYN, M.D.  
Chief, Nuclear Medicine Service

Attachment

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## 1. APPLICANT PHYSICIAN'S NAME AND ADDRESS

## FULL NAME

William Brauer, M.D.

## STREET ADDRESS

2123 N. 89th St.

## CITY

Wauwatosa,

## STATE

WI

## ZIP CODE

53226

## KEY TO COLUMN C

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Se-75	PANCREAS IMAGING	3	
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	SALIVARY GLAND IMAGING	2	
	BLOOD POOL IMAGING	3	
	PLACENTA LOCALIZATION	0	
	LIVER AND SPLEEN IMAGING	300	
	LUNG IMAGING	40	
	BONE IMAGING	390	
OTHER			

RECEIVED  
MAY 28 1985  
REGION III

# PRECEPTOR STATEMENT-(Continued)

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

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Co-60 or Cs-137	TELE THERAPY TREATMENT	0	
Sr-90	TREATMENT OF EYE DISEASE	0	
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	10	
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40 hours/week  
4/1/76 - 4/30/76

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

a. NAME OF SUPERVISOR

ROBERT E. POLCYN, M.D.

b. NAME OF INSTITUTION

University of Wisconsin Hsp. & Clinics

c. MAILING ADDRESS

600 Highland Avenue

d. CITY

Madison, WI 53792

5. MATERIALS LICENSE NUMBER(S)

48-09843-18

6. PRECEPTOR'S SIGNATURE

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

ROBERT E. POLCYN, M.D.

8. DATE

10 February 1983