

Community Memorial General Hospital

Remembering Our Past...
Providing For Your Future

5101 South Willow Springs Road
La Grange, Illinois 60525
312/352-1200

November 19, 1985

Bruce Mallett, Ph.D.
Chief, Licensing Section
U.S. Nuclear Regulatory Commission
799 Roosevelt Road
Glen Ellyn, IL 60137

Reference: 12-03306-05

Dear Dr. Mallett:

We request that you amend our By-Product Materials License to show the following changes:

1. Please add Steven J. Smith, M.D. as an authorized user of materials on our license. We request authorization for his use of Groups I, II, III, Xenon 133, and I-131 for treatment of hyperthyroidism and cardiac dysfunction. Preceptor statements for Dr. Smith are enclosed.
2. Please add Joseph W. Chessare, M.D. as a user of I-131 sodium iodide for the treatment of hyperthyroidism and cardiac dysfunction. A preceptor statement for Dr. Chessare showing participation in twelve cases of the treatment of hyperthyroidism is enclosed. Dr. Chessare is currently listed as a user of Groups I, II, III, and Xenon 133 in our license.
3. Please add Carl Vyborny, M.D. as an authorized user of materials on our license. We request authorization for his use of Groups I, II, III, and Xenon 133. Preceptor statements for Dr. Vyborny are enclosed.
4. We also request that you add authorization for:
 - a) Possession and use of Gd^{153} as a sealed source for use in Lunar Corporation Model DP3, bone mineral analyzer. The NRC device registration number is NR-430-D-101-S. We request possession of two sealed sources with activity no greater than 1300 mCi each. The sources will be obtained from any manufacturer authorized by the Nuclear Regulatory Commission or agreement state to manufacturer sources for this device: e.g. Gulf Nuclear, Model GD-1. Only sources authorized for use in this device will be obtained.

8601210463 851231
REG3 LIC30
12-03306-05 PDR

CONTROL NO. 80244

DEC 2 1985

Applicant Dec. 5TH
Check No. 076773
Amount/Fee Category \$120 (70)
Type of Fee AMD
Date Check Rec'd 12/6/85
Received By [Signature]

U.S. N.R.C.
1ST FEE MONTH BRANCH

85 DEC -6 AM 1:52

RECEIVED

RECEIVED

DEC 2 1985

REGION III

Bruce Mallett, Ph.D.
November 19, 1985
Page 2

- b) Possession and use of sealed I¹²⁵ sources to be utilized in Lunar Corporation Model SP2 bone mineral analyzer. NRC device registration number is NR-430-D-102-S. We request a total of two sources, not to exceed 250 mCi each source. The sources will be obtained from any manufacturer authorized by the Nuclear Regulatory Commission or agreement state to manufacturer sources for this device: e.g. AECL, Model C234. Only sources authorized for use in this device will be obtained.

These devices will be utilized in accordance with instructions provided by the manufacturer. All safety emergency procedures will be followed by personnel utilizing the devices.

Training in utilization of the devices will be provided by the manufacturer through a representative authorized to provide such training. The training will include not only the routine use of the device, but safety and emergency procedures pertinent to safe operation.

Wipe/leak tests will be obtained from any firm authorized by the NRC to perform wipe/leak testing services.

Personnel monitoring will be provided by whole body and ring badge devices as noted in our last renewal application.

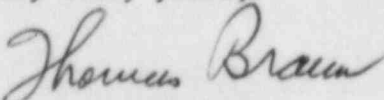
Maintenance and service will be performed by the manufacturer or any firm authorized to perform services on the devices.

Sealed sources utilized in the devices which have reached a point of not being useful for diagnostic purposes will be returned to the manufacturer or disposed of through a commercial disposal corporation, such as U.S. Ecology or ADCO.

Enclosed, please find a check for \$120.00 to cover the amendment fee. We authorize Mr. Ronald D. Edwards, Health Physicist, of Radiation Protection Consultants, Ltd., located at 4255 Westbrook Drive, Suite 211, Aurora, Illinois 60505, to provide any additional information you may require or provide answers to any questions you may have.

Thank you for your cooperation in this matter.

Very truly yours,



Thomas Braun, M.D.
Radiologist

TB:mmg

enc.

Note: Check was submitted separately.

CONTROL NO. 80244

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER Steven J. Smith, M.D.		2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE		
3. CERTIFICATION				
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C		
AER	Diag/Nuc Med	6/83		
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	Henry Ford Hospital May, June, July, 1981	60	10	
b. RADIATION PROTECTION	Henry Ford Hospital May, June, July, 1981	5	-0-	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	Henry Ford Hospital May, June, July, 1981	10	-0-	
d. RADIATION BIOLOGY	Henry Ford Hospital May, June, July, 1981	10	-0-	
e. RADIOPHARMACEUTICAL CHEMISTRY	Henry Ford Hospital May, June, July, 1981	18	-0-	
5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
Tc ⁹⁹	1.5 Ci	Henry Ford Hospital	3 months	Diag
I ¹³¹	20 mCi			Ther
IN ¹¹¹	250 µCi			Diag
Te ²⁰¹	5 mCi			Diag
Co ⁵⁷	5 µCi			Diag

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

Steven J. Smith, M.D.

STREET ADDRESS

Community Memorial General Hospital
5101 South Willow Springs Road

CITY STATE ZIP CODE

LaGrange, IL 60525

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	22	Tc-99m Cerebral Blood Flow 29 Hepatobiliary 41 Renal Function (DTPA) 39 Renal Scan (Sulfur Colloid) 28 Bowel 5 Gastroesophageal Reflux 7 Gastric Emptying 7
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	4	
	LIVER FUNCTION STUDIES	-0-	
	FAT ABSORPTION STUDIES	-0-	
	KIDNEY FUNCTION STUDIES	57	
	IN VITRO STUDIES	-0-	
OTHER	I-131 Total Body Retention	4	Wall Motion Analysis (rest) 147
I-125	DETECTION OF THROMBOSIS	-0-	Wall Motion Analysis (stress) 23
I-131	THYROID IMAGING	68	Cystogram 15
P-32	EYE TUMOR LOCALIZATION	-0-	Superior Vena Cavogram 1
Se-75	PANCREAS IMAGING	-0-	Tl-201 Myocardial (rest) 124 Myocardial (stress) 41
Yb-169	CISTERNOGRAPHY	-0-	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	39	Ga-67 Total Body 30
OTHER	In-111 Cisternogram	2	Cr-51 Red Cell Mass 4 Co-57 Schillings 13 I-131 NP-59 Adrenal 3
Tc-99m	BRAIN IMAGING	78	
	CARDIAC IMAGING	29	
	THYROID IMAGING	20	
	SALIVARY GLAND IMAGING	-0-	
	BLOOD POOL IMAGING	-0-	
	PLACENTA LOCALIZATION	-0-	
	LIVER AND SPLEEN IMAGING	413	
	LUNG IMAGING	80	
	BONE IMAGING	528	
OTHER	See Comments Column		

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	-0-	Observation Only
P-32 (Colloidal)	INTRACAVITARY TREATMENT	-0-	
I-131	TREATMENT OF THYROID CARCINOMA	-0-	
	TREATMENT OF HYPERTHYROIDISM	20	
Au-198	INTRACAVITARY TREATMENT	-0-	
Co-60 or Cs-137	INTERSTITIAL TREATMENT	-0-	
I-125 or Ir-192 Co-60 or Cs-137	INTRACAVITARY TREATMENT	-0-	
	INTERSTITIAL TREATMENT	-0-	
Co-60 or Cs-137	TELETHERAPY TREATMENT	-0-	
	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	20	
Other			

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

May, 1981
June, 1981
July, 1981

TOTAL HOURS = 500

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

a. NAME OF SUPERVISOR Daniel S. Marks, M.D.
Jerry W. Froelich, M.D.

b. NAME OF INSTITUTION
Henry Ford Hospital

c. MAILING ADDRESS
2799 W. Grand Boulevard

d. CITY
Detroit, MI 48202

e. MATERIALS LICENSE NUMBER(S)
21-04109-16

5. PRECEPTOR'S SIGNATURE

[Signature]

7. PRECEPTOR'S NAME (Please type or print)
Jerry W. Froelich, M.D.
(for Daniel S. Marks, M.D.)

8. DATE
January 9, 1985

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

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

Joseph W. Chessare, M.D.

STREET ADDRESS

Community Memorial General Hosp.
5101 S. Willow Springs Road

CITY

LaGrange

STATE

IL

ZIP CODE

60525

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		
	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		
P-32	EYE TUMOR LOCALIZATION		
Sr-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES		
OTHER			
Tc-99m	BRAIN IMAGING		
	CARDIAC IMAGING		
	THYROID IMAGING		
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING		
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING		
	LUNG IMAGING		
	BONE IMAGING		
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 (Sodium)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
P-32 (Colloid)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM	12	
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
	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			

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

June, 1980 through October, 1984

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

a. NAME OF SUPERVISOR

Thomas W. Braun, M.D.

b. NAME OF INSTITUTION

Community Memorial General Hospital

c. MAILING ADDRESS

5101 S. Willow Springs Road

d. CITY

LaGrange, IL 60525

5. MATERIALS LICENSE NUMBER(S)

12-03306-05

6. PRECEPTOR'S SIGNATURE

Thomas W. Braun, M.D.

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

Thomas W. Braun, M.D.

8. DATE

1-28-85

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

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER Carl Vyborny, M.D., Ph.D.	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE Illinois
---	--

3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
American Board of Radiology	Diagnostic Radiology	06/64
American Board of Radiology	Radiological Physics (includes medical nuclear medicine physics)	Board Eligible

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	Ph.D. Medical Physics 12/76 The University of Chicago		
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
Tc-99m	30 mCi	The University of Chicago	3 months in section plus lecture or conference 1-2 times per week on Nuclear Medicine from 7/80 through 6/84	(Diagnostic) Clinical
Tl-201	2 mCi			
Ga-67	10 mCi			
I-123	400 uCi			
I-131	1 mCi			
In-111	500 uCi			
Xe-133	20 mCi			
Cr-51	60 uCi			
I-125	100 uCi			

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

Carl Vyborny, M.D., Ph D.

STREET ADDRESS

LaGrange Memorial Hospital
5101 S. Willow Springs Road

CITY

LaGrange,

STATE

IL

ZIP CODE

60525

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 measurement 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	0	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	0	
	LIVER FUNCTION STUDIES	0	
	FAT ABSORPTION STUDIES	0	
	KIDNEY FUNCTION STUDIES	0	
	IN VITRO STUDIES	0	
OTHER	Thallium-201 Cardiac	150	
I-125	DETECTION OF THROMBOSIS	3	
I-123	THYROID IMAGING	20	
P-32	EYE TUMOR LOCALIZATION	0	
Se-75	PANCREAS IMAGING	0	
In-111	CISTERNOGRAPHY	2	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	50	
OTHER	Ga-67 Tumor/Abscess	125	
Tc-99m	BRAIN IMAGING	5	
	CARDIAC IMAGING MUGA, PYP	50	
	THYROID IMAGING	30	
	SALIVARY GLAND IMAGING	2	
	BLOOD POOL IMAGING	3	
	Renal	100	
	LIVER AND SPLEEN IMAGING	250	
	LUNG IMAGING	80	
	BONE IMAGING	300	
OTHER	Hepatobiliary	40	

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	0	
P-32 (Colloid)	INTRACAVITARY TREATMENT	0	
I-131	TREATMENT OF THYROID CARCINOMA	0	
	TREATMENT OF HYPERTHYROIDISM	0	
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	0	
Mo-99/ Tc-99m	GENERATOR	5	
Sn-113/ In-113m	GENERATOR	0	
Tc-99m	REAGENT KITS	5	
Other			

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

January, 1981	160	07/05-07/31/83	160
10/18-11/14/82	160	08/01-08/28/83	160
11/15-12/12/82	160		
Total Hours			800

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

A. NAME OF SUPERVISOR
Malcolm Cooper, M.D.

B. NAME OF INSTITUTION
THE UNIVERSITY OF CHICAGO

C. MAILING ADDRESS
5841 South Maryland Avenue

D. CITY
Chicago, IL 60637

E. MATERIALS LICENSE NUMBER(S)
12-509-3 IL 204-1

5. PRECEPTOR'S SIGNATURE

James W. Ryan, M.D.

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

James W. Ryan, M.D.

8. DATE

10/16/85