

The University of Health Sciences

2105 Independence Boulevard • Kansas City, Missouri 64124 / 816-283-2000

October 22, 1985

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

Re: License Amendment

Dear Mr. McCaan:

Please amend our NRC Materials License #24-01341-01 to include the following name as an authorized user for our radioactive materials.

Wendell P. Doronio, M.D. Groups I, II, III, I-131 for treatment of hyperthyroidism, I-131 for treatment of thyroid carcinoma.

Please find enclosed the preceptor statement and training and experience on form NRC 313m-supplement A & B.

Your prompt consideration in this matter will be greatly appreciated.

Sincerely,



Wayne Miller
Hospital Administrator

WM/tlw

Enc: \$150.00 Amendment Fee

Applicant Nov. 6 III
Check No. 015156 (\$150) ^{30 refunded}
Amount/Fee Category \$120 (7C)
Type of Fee AMD
Date Check Rec'd 11/13/85
Received By sk

CONTROL NO. 80089

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REQ LIC30
24-01341-01 PDR

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REGION III

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U.S. NRC
FEE MGMT. BRANCH

TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER Wendell P. Doronio, M.D.	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE
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3. CERTIFICATION

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C

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	The Methodist Hospital Diagnostic Radiology with Special Competence in Nuc. Medicine - 7/84-6/85	75 hrs.	30 hrs.
b. RADIATION PROTECTION		20 hrs.	10 hrs.
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY		20 hrs.	15 hrs.
d. RADIATION BIOLOGY		75 hrs.	20 hrs.
e. RADIOPHARMACEUTICAL CHEMISTRY		40 hrs.	20 hrs.

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
			One year	
		Please see attached license #54-3.		

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

WENDELL P. DORONIO, M.D.

STREET ADDRESS

2105 Independence Blvd.

CITY

Kansas City, Missouri

STATE

ZIP CODE

64124

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	1300	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	6	
	LIVER FUNCTION STUDIES	77	
	FAT ABSORPTION STUDIES	-	
	KIDNEY FUNCTION STUDIES	39	
	IN VITRO STUDIES	1300	
OTHER			
I-125	DETECTION OF THROMBOSIS	-	
I-131	THYROID IMAGING	40	
P-32	EYE TUMOR LOCALIZATION	-	
Se-75	PANCREAS IMAGING	-	
Yb-169	CISTERNOGRAPHY	6	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	112	
OTHER			
Tc-99m	BRAIN IMAGING	155	
	CARDIAC IMAGING	400	
	THYROID IMAGING	60	
	SALIVARY GLAND IMAGING	3	
	BLOOD POOL IMAGING	300	
	PLACENTA LOCALIZATION	-	
	LIVER AND SPLEEN IMAGING	250	
	LUNG IMAGING	200	
	BONE IMAGING	350	
OTHER	Gallium for tumor local.	38	

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	1	
P-32 (Colloidal)	INTRACAVITARY TREATMENT	-	
I-131	TREATMENT OF THYROID CARCINOMA	5	
	TREATMENT OF HYPERTHYROIDISM	10	
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	20	
Sn-113/ In-113m	GENERATOR	-	
Tc-99m	REAGENT KITS	30	
Other			

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

One year - 2000 hrs.

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

a. NAME OF SUPERVISOR

David Chang - Sing Yang, M.D.

b. NAME OF INSTITUTION

The Methodist Hospital

c. MAILING ADDRESS

506 6TH. St. Brooklyn, N.Y., N.Y. 11215

d. CITY

5. MATERIALS LICENSE NUMBER(S)

54-3 (New York City)

6. PRECEPTOR'S SIGNATURE

David C. Sing Yang, M.D.

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

David Chang - Sing Yang, M.D.

8. DATE

8/9/85

FORM # C-313M-SUPPLEMENT B
(8-78)

DATE

10 / 25 / 85

PURCHASE ORDER

THE UNIVERSITY OF HEALTH SCIENCES

2105 INDEPENDENCE BOULEVARD KANSAS CITY MISSOURI 64124

TELEPHONE A/C 816 283-2104

PURCHASE ORDER NUMBER

38148

THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKAGES, SHIPPING PAPERS & CORRESPONDENCE

Mike McCann
U.S. Nuclear Regulatory Commission
Region III
799 Roosevelt Road
Glen Ellyn, Ill. 60137

SELLER AGREES TO MANUFACTURE, SELL AND DELIVER SUPPLIES OR SERVICES SPECIFIED HEREIN SUBJECT TO THE TERMS AND CONDITIONS ON THE FACE AND REVERSE SIDE HEREOF. FREIGHT CHARGE TO BE SUBSTANTIATED WITH COPY OF FREIGHT BILL.

TERMS:

Prepay

REQUISITION NO.

30394

ACC'T. DISTR.

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DATE REQUIRED

10-30-85

SHIP VIA

BW

F.O.B.

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ITEM NO.	QUANTITY	UNIT	DESCRIPTION OF MATERIAL OR SERVICE	UNIT COST	EXT.
			<p>To the U.S. Nuclear Regulatory Commission Region III for admendment to Fedral License Adding Dr. Wendell P. Doronie to the license</p> <p>PREPAY</p> <p>6/21/5156 11-5-85</p>		150.00

DELIVERY LOCATION

THE UNIVERSITY OF HEALTH SCIENCES

University Hospital

2105 INDEPENDENCE BOULEVARD

KANSAS CITY, MISSOURI 64124

SECTIONS 144.615 & 144.040

MISSOURI LAW EXEMPTS US FROM PAYMENT OF SALES AND USE TAX.

DIRECTOR OF PURCHASING

CONTROL NO. 80089 VENDOR'S COPY

NOV 7 1985