SEP 9 1985

St. Francis Hospital Medical Center
ATTN: Sr. M. Canisia
Administrator
530 N.E. Glen Oak
Peoria, IL 61637

Gentlemen:

Enclosed is Amendment No. 45 to your NRC License No. 12-01167-02 in accordance with your request.

If you have any questions or require clarification of any of the above stated information, contact us at (312) 790-5625.

Sincerely,

Original Signed By
William J. Adam, Ph.D.
Materials Licensing Section

Enclosure(s): Amendment No. 45

RIII
wja
Adam/cm
09/03/85

NRC FORM 313M (9-81) 10 CFR 35	U.S. NUCLEAR REGULATORY COMMISSION **APPLICATION FOR MATERIALS LICENSE – MEDICAL**	Approved by OMB 3150-0041 Expires 9-30-83

INSTRUCTIONS - *Complete Items 1 through 26 if this is an initial application or an application for renewal of a license. Use supplemental sheets where necessary. Item 26 must be completed on all applications and signed. Retain one copy. Submit original and one copy of entire application to: Director, Office of Nuclear Materials Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555. Upon approval of this application, the applicant will receive a Materials License. An NRC Materials License is issued in accordance with the general requirements contained in Title 10, Code of Federal Regulations, Part 30, and the Licensee is subject to Title 10, Code of Federal Regulations, Parts 19, 20 and 35 and the license fee provision of Title 10, Code of Federal Regulations, Part 170. The license fee category should be stated in Item 26 and the appropriate fee enclosed.*

1.a. NAME AND MAILING ADDRESS OF APPLICANT *(Institution, firm, clinic, physician, etc.)* INCLUDE ZIP CODE

St. Francis Hospital Medical Center
530 N.E. Glen Oak
Peoria, Illinois 61637

TELEPHONE NO.: AREA CODE (309) 672-2505

1.b. STREET ADDRESS(ES) AT WHICH RADIOACTIVE MATERIAL WILL BE USED *(If different from 1.a)* INCLUDE ZIP CODE

Same

Applicant's Check No. 19354
Amount Fee Category
Type of Fee FEE EXEMPT
Date Check Rec'd 8/26/85
Received By

2. PERSON TO CONTACT REGARDING THIS APPLICATION

Charles Anthony Giomuso, Consultant
Nuclear Medicine Associates
TELEPHONE NO.: AREA CODE (216) 641-5799

3. THIS IS AN APPLICATION FOR *(Check appropriate item)*

a. ☐ NEW LICENSE
b. ☒ AMENDMENT TO LICENSE NO. 12-01167-02
c. ☐ RENEWAL OF LICENSE NO. _____

4. INDIVIDUAL USERS *(Name individuals who will use or directly supervise use of radioactive material. Complete Supplements A and B for each individual.)*

Amend to add: Bernard Rogers, M.D.

5. RADIATION SAFETY OFFICER (RSO) *(Name of person designated as radiation safety officer. If other than individual user, complete resume of training and experience as in Supplement A.)*

No change

6.a. RADIOACTIVE MATERIAL FOR MEDICAL USE

RADIOACTIVE MATERIAL LISTED IN:	ITEMS DESIRED "X"	MAXIMUM POSSESSION LIMITS *(In millicuries)*
10 CFR 31.11 FOR IN VITRO STUDIES		
10 CFR 35.100, SCHEDULE A, GROUP I		AS NEEDED
10 CFR 35.100, SCHEDULE A, GROUP II		AS NEEDED
10 CFR 35.100, SCHEDULE A, GROUP III		
10 CFR 35.100, SCHEDULE A, GROUP IV		AS NEEDED
10 CFR 35.100, SCHEDULE A, GROUP V		AS NEEDED
10 CFR 35.100, SCHEDULE A, GROUP VI	X	200

ADDITIONAL ITEMS:	MARK ITEMS DESIRED "X"	MAXIMUM POSSESSION LIMITS *(In millicuries)*
IODINE-131 AS IODIDE FOR TREATMENT OF HYPERTHYROIDISM		
PHOSPHORUS-32 AS SOLUBLE PHOSPHATE FOR TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA AND BONE METASTASES		
PHOSPHORUS-32 AS COLLOIDAL CHROMIC PHOSPHATE FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.		
GOLD-198 AS COLLOID FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.		
IODINE-131 AS IODIDE FOR TREATMENT OF THYROID CARCINOMA		
XENON-133 AS GAS OR GAS IN SALINE FOR BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES.		

6.b. RADIOACTIVE MATERIAL FOR USES NOT LISTED IN ITEM 6.a. *(Sealed sources up to 3 mCi used for calibration and reference standards are authorized under Section 35.14(d), 10 CFR Part 35, and NEED NOT BE LISTED.)*

ELEMENT AND MASS NUMBER	CHEMICAL AND/OR PHYSICAL FORM	MAXIMUM NUMBER OF MILLICURIES OF EACH FORM	DESCRIBE PURPOSE OF USE

The purpose of this application is to add Bernard Rogers, M.D. for Group VI use only. Also included are equivalent procedures to Appendix L. Please note that this is the application which follows the telegram sent to Region III on 7/18/85.

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JUL 24 1985
REGION III

14pp

NRC FORM 313M

CONTROL NO. 7 9 5 1 7 8508210516

INFORMATION REQUIRED FOR ITEMS 7 THROUGH 23

For Items 7 through 23, check the appropriate box(es) and submit a detailed description of all the requested information. Begin each item on a separate sheet. Identify the item number and the date of the application in the lower right corner of each page. If you indicate that an appendix to the medical licensing guide will be followed, do not submit the pages, but specify the revision number and date of the referenced guide: Regulatory Guide 10.8 , Rev. 1 Date: Oct., 1980

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7. MEDICAL ISOTOPES COMMITTEE	15. GENERAL RULES FOR THE SAFE USE OF RADIOACTIVE MATERIAL *(Check One)*
☐ Names and Specialties Attached; and	☐ Appendix G Rules Followed; or
☐ Duties as in Appendix B; or *(Check One)*	☐ Equivalent Rules Attached
☐ Equivalent Duties Attached	16. EMERGENCY PROCEDURES *(Check One)*
8. TRAINING AND EXPERIENCE	☐ Appendix H Procedures Followed; or
☐ Supplements A & B Attached for Each Individual User; and	☐ Equivalent Procedures Attached
☐ Supplement A Attached for RSO.	17. AREA SURVEY PROCEDURES *(Check One)*
9. INSTRUMENTATION *(Check One)*	☐ Appendix I Procedures Followed; or
☐ Appendix C Form Attached; or	☐ Equivalent Procedures Attached
☐ List by Name and Model Number	18. WASTE DISPOSAL *(Check One)*
10. CALIBRATION OF INSTRUMENTS	☐ Appendix J Form Attached; or
☐ Appendix D Procedures Followed for Survey Instruments; or *(Check One)*	☐ Equivalent Information Attached
☐ Equivalent Procedures Attached; and	19. THERAPEUTIC USE OF RADIOPHARMACEUTICALS *(Check One)*
☐ Appendix D Procedures Followed for Dose Calibrator; or *(Check One)*	☐ Appendix K Procedures Followed; or
☐ Equivalent Procedures Attached	☐ Equivalent Procedures Attached
11. FACILITIES AND EQUIPMENT	20. THERAPEUTIC USE OF SEALED SOURCES
☐ Description and Diagram Attached	☐ Detailed Information Attached; and
12. PERSONNEL TRAINING PROGRAM	☐ Appendix L Procedures Followed; or *(Check One)*
☐ Description of Training Attached	X Equivalent Procedures Attached
13. PROCEDURES FOR ORDERING AND RECEIVING RADIOACTIVE MATERIAL	21. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE GASES (e.g., Xenon – 133)
☐ Detailed Information Attached	☐ Detailed Information Attached
14. PROCEDURES FOR SAFELY OPENING PACKAGES CONTAINING RADIOACTIVE MATERIALS *(Check One)*	22. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL IN ANIMALS
	☐ Detailed Information Attached
☐ Appendix F Procedures Followed; or	23. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL SPECIFIED IN ITEM 6.b
☐ Equivalent Procedures Attached	☐ Detailed Information Attached

24. PERSONNEL MONITORING DEVICES

TYPE (Check appropriate box)			SUPPLIER	EXCHANGE FREQUENCY
a. WHOLE BODY		FILM	No change	
		TLD		
		OTHER (Specify)		
b. FINGER		FILM		
		TLD		
		OTHER (Specify)		
c. WRIST		FILM		
		TLD		
		OTHER (Specify)		

d. OTHER (Specify)

25. FOR PRIVATE PRACTICE APPLICANTS ONLY

a. HOSPITAL AGREEING TO ACCEPT PATIENTS CONTAINING RADIOACTIVE MATERIAL

NAME OF HOSPITAL

MAILING ADDRESS

CITY | STATE | ZIP CODE

b. ATTACH A COPY OF THE AGREEMENT LETTER SIGNED BY THE HOSPITAL ADMINISTRATOR.

c. WHEN REQUESTING THERAPY PROCEDURES, ATTACH A COPY OF RADIATION SAFETY PRECAUTIONS TO BE TAKEN AND LIST AVAILABLE RADIATION DETECTION INSTRUMENTS.

26. CERTIFICATE

(This item must be completed by applicant)

The applicant and any official executing this certificate on behalf of the applicant named in Item 1a certify that this application is prepared in conformity with Title 10, Code of Federal Regulations, Parts 30 and 35, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

a. LICENSE FEE REQUIRED *(See Section 170.31, 10 CFR 170)*

(1) LICENSE FEE CATEGORY: 7C

(2) LICENSE FEE ENCLOSED: $ 120.00

b. APPLICANT OR CERTIFYING OFFICIAL *(Signature)*

X Sister M Canisia OSF

(1) NAME *(Type or Print)*

X Sister M. Canisia, O.S.F.

(2) TITLE

X Administrator

c. DATE

X 7-23-85

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JUL 24 1985
REGION III

CONTROL NO. 7951 7

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the Nuclear Regulatory Commission on NRC Form 313M. This information is maintained in a system of records designated as NRC-3 and described at 40 Federal Register 45334 (October 1, 1975).

1. **AUTHORITY** Sections 81 and 161(b) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2111 and 2201(b)).

2. **PRINCIPAL PURPOSE(S)** The information is evaluated by the NRC staff pursuant to the criteria set forth in 10 CFR Parts 30-36 to determine whether the application meets the requirements of the Atomic Energy Act of 1954, as amended, and the Commission's regulations, for the issuance of a radioactive material license or amendment thereof.

3. **ROUTINE USES** The information may be used: (a) to provide records to State health departments for their information and use, and (b) to provide information to Federal, State, and local health officials and other persons in the event of incident or exposure, for their information, investigation, and protection of the public health and safety. The information may also be disclosed to appropriate Federal, State, and local agencies in the event that the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, or local agency to the extent relevant and necessary for a NRC decision or to an appropriate Federal agency to the extent relevant and necessary for that agency's decision about you. A copy of the license issued will routinely be placed in the NRC's Public Document Room, 1717 H Street, N.W., Washington, D.C.

4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION** Disclosure of the requested information is voluntary. If the requested information is not furnished, however, the application for radioactive material license, or amendment thereof, will not be processed.

5. **SYSTEM MANAGER(S) AND ADDRESS** Director, Division of Fuel Cycle and Material Safety, Office of Nuclear Material Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555.

ITEM #20

THERAPEUTIC USE OF SEALED SOURCES

Special procedures for patients treated with byproduct material listed in Group VI, Schedule A, Section 35.100 of 10 CFR, Part 35 are as follows:

a. Areas where sealed sources will be stored will be found in map accompanying this application.

b. See "Safety Precautions in Clinical Applications". (Item #20, Form E).

c. The form, Nursing Instructions for Patients Treated with Radioactive Sources, (Item #20, Form A), will be completed immediately after sources are implanted and placed in the patient's chart. Nurses will be instructed via Item #20, Form F.

d. Nurses caring for brachytherapy patients will be assigned personnel monitoring devices. TLD finger badges will also be assigned to nurses who must provide extended personal care to the patient and to personnel handling sealed sources.

e. Sources will be transported from the storage site to place of use via the original shipping container or an equivalent lead container which is at least 1" thick.

f. At the initiation of treatment, an inventory will be performed on all therapy sources to insure total accountability. At the conclusion of treatment, another inventory will be performed to insure that all sources have been returned. (Refer to Item #20, Form B). In addition, a survey will be performed to ensure that all sources have been removed from the patient and that no sources remain in the patient's room or any other area occupied by the patient. At the same time, all radiation signs will be removed and all personnel monitoring devices assigned to nurses will be collected. Item #20, Form C will be used as a check-off procedure.

g. Surveys of the patient's room and surrounding areas will be conducted as soon as practicable after sources are implanted. Exposure rate measurements will be taken at the patient's bedside, three feet away and at the entrance to the room. The Radiation Safety Officer or his designate

will then determine how long a person may remain at these positions and will post these times in the patient's chart. Refer to Item #20, Form D. Radiation levels in unrestricted areas will be maintained less than the limits specified in Section 20.105(b), 10 CFR, Part 20. (i.e., 2 mrems in any one hour or 100 mrems in any seven consecutive days).

h. Patients treated with sealed sources will be assigned to a private room.

i. For I-125 seeds, the Radiation Safety Program to be implemented will be that as outlined in the attached Guidelines listed as page 10 of this item.

ITEM #20, FORM A

NURSING INSTRUCTIONS
FOR PATIENTS TREATED WITH RADIOACTIVE SOURCES

Patient's Name: _____

Room Number: _____ Physician's Name: _____

Isotope Activity:

Date and Time of Administration: _____

Date and Time Sources are to be removed: _____ Isotope: _____

_____

Exposure Rates in mR/hr

Bedside	3 feet from bed	10 feet from bed

(Complete checked items)

_____1. Wear personnel monitoring device.
_____2. Wear rubber gloves.
_____3. Place laundry in linen bag and save.
_____4. Housekeeping may not enter the room.
_____5. Patient may not have visitors.
_____6. No pregnant visitors.
_____7. No visitors under 18 years of age.
_____8. A dismissal survey must be performed <u>before</u> patient is discharged.
_____9. Patient must have a private room.
_____10. Other instructions.

RSO

_____

Name On-duty/Off-duty telephone numbers

ITEM #20, FORM B

RECEIPT/SHIPMENT RECORD
RADIATION SOURCE THERAPY APPLICATIONS

Patient _____ ID# _____ RM _____

PRE-TREATMENT INVENTORY

Subtotal

_____ sources of _____ mg _____

_____ sources of _____ mg _____

_____ sources of _____ mg _____

_____ sources of _____ mg _____

Applicator(s) _____ Total _____ mg.

POST TREATMENT INVENTORY

_____ sources of _____ mg _____

_____ sources of _____ mg _____

_____ sources of _____ mg _____

_____ sources of _____ mg _____

Applicator(s) _____ Total _____ mg.

COMMENTS:

Certified by: _____ Date: _____

IMPORTANT: THIS RECORD MUST BE PERMANENTLY MAINTAINED

ITEM #20, FORM C

RADIATION THERAPY SOURCE USAGE RECORD

Patient _____ ID# _____ RM _____

Ordering Physician _____

Applicator(s) used _____ Sources _____
mR/hr at 1 meter from applicator (not after loading) _____mR/hr
Date and time of insertion _____ a.m./p.m. _____

	Yes	See comments
Lead aprons not worn during insertion?	( )	( )
X-ray techs informed prior to obtaining localizing films?	( )	( )
Recovery room nurses instructed to use time/distance?	( )	( )
Patient assigned private room?	( )	( )
Exposure monitors issued to nursing personnel?	( )	( )
Safety instruction given to nurse?	( )	( )
Safety procedures placed in patient's chart?	( )	( )
Caution sign placed on patient's chart?	( )	( )
Caution signs placed on patient's room door?	( )	( )
Nursing care rotated?	( )	( )
Known pregnant nurses not attending patient?	( )	( )
Pregnant visitors prohibited?	( )	( )
Visitors under 18 prohibited?	( )	( )
Safety survey performed and recorded?	( )	( )
Limits of nursing care time posted?	( )	( )
Removal notice posted in patient's chart prior to removal of all posted signs?	( )	( )
All signs removed?	( )	( )
Room surveyed and background radiation levels present?	( )	( )

Date/Time of Removal _____ a.m./p.m. _____
Applicator _____ Sources _____

COMMENTS:

CERTIFIED BY: _____ Date _____

IMPORTANT: <u>THIS RECORD MUST BE PERMANENTLY MAINTAINED</u>

ITEM #20, FORM D

RADIATION HAZARD EVALUATION FORM
(to be filled out by Radiation Safety Officer for his use)

Name _____ Date and _____

Time of Death _____

Radioisotope _____

Amount Administered _____

Route of Administration _____

Amount Present _____

Distribution with body _____

_____

_____

_____

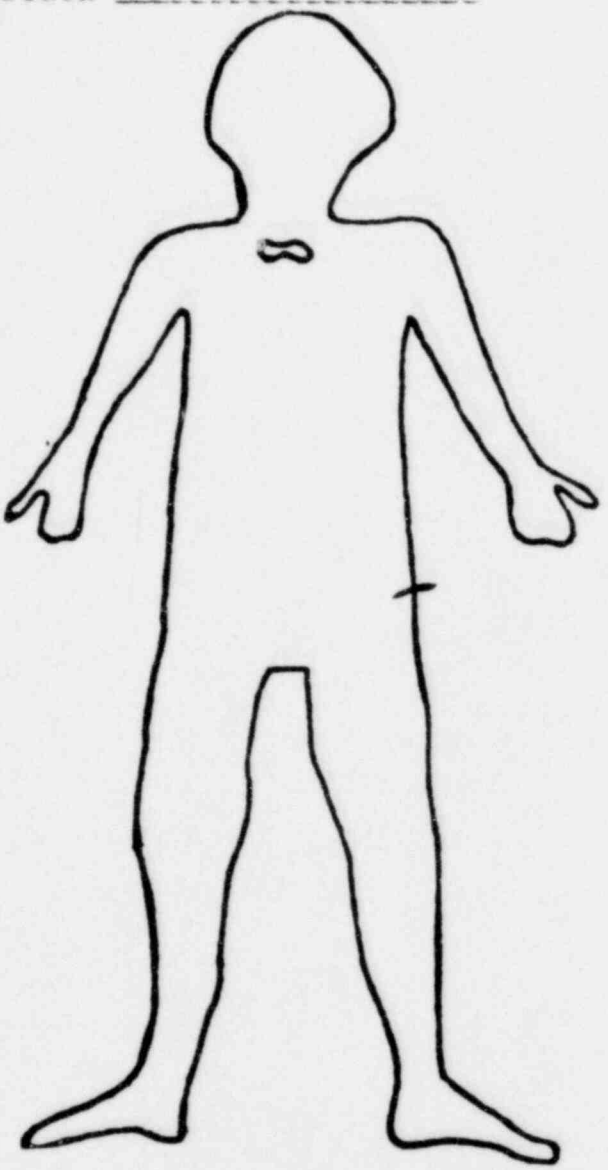
Indicate Distances _____

Suggest ring badges if exposure

0.25 R/hr @ 25 cm

See NCRP #37 p. 27

Limit hand exposure to 1.5 Rems.



Date of Survey _____

Instrument Used _____

Signed: _____
Radiation Safety Officer

Date: _____

ITEM #20, FORM E
SAFETY PRECAUTIONS IN CLINICAL APPLICATIONS

I. Transfer and Preparation of Sources

a. Forms will be used to record pre and post-use inventory. (Item #20, Form B)
b. Sources will be dispensed with suitable protective devices and techniques, to include long forceps and TLD finger badges.

II. Application of Sources to the Patient

a. Distance, time, and when possible, shielding, will be used to reduce radiation exposure to personnel attending the patient.
b. Appropriate signs will be used to indicate levels of radiation exposure.
c. Consideration will be given to the proximity of patients in adjoining rooms.
d. A patient being treated with brachytherapy sources will wear suitable identification.
e. Patient will not be allowed to leave his room unless accompanied by a hospital attendant.
f. Persons who have short-lived sources which are not removable from their bodies will be allowed to leave the hospital provided precautions necessary to prevent other persons from receiving more than the permissible dose of radiation are observed.

III. Removal of Sources from Patient

a. Sources will be removed with same safety precautions as those used in their application.
b. No linens, dressings, clothing or equipment will be removed from room until all sources are accounted for.
c. Assurance of complete removal of all sources will be obtained using a G-M survey meter held in the treatment area of the patient.
d. Should the patient die before brachytherapy is complete, the sources will be removed at once.

IV. Return of Sources to Storage

a. Following cleaning, sources will be returned immediately to their storage place.
b. Post-use inventory forms will be completed to insure complete return of all sources to storage.
c. Inventory of all sealed sources will be performed on a quarterly basis and recorded.

ITEM #20, FORM F

1. Special restrictions may be noted on the precaution sheet in the patient's chart. Nurses should read these instructions before administering to the patient. Call the Nuclear Medicine Department if you have any questions about the care of these patients.

2. Nurses should spend only the minimum necessary time near a patient for routine nursing care, but must obtain and wear a personnel monitoring device.

3. When a nurse receives an assignment to a therapy patient, a film or TLD badge should be obtained immediately from the Nuclear Medicine Department. The badge shall be worn only by the nurse to whom it is issued and shall not be exchanged between nurses.

4. Pregnant nurses should not be assigned to the personal care of these patients.

5. Never touch needles, capsules or containers holding brachytherapy sources. If a source becomes dislodged, use long forceps and put it in the corner of the room or in the shielded container provided; contact the Nuclear Medicine Department at once.

6. Bed bath given by the nurse should be omitted while the sources are in place.

7. Perineal care is not given during gynecologic treatment; the perineal pad may be changed when necessary, unless orders to the contrary have been written.

8. Surgical dressings and bandages used to cover the area of needle insertion may be changed only by the attending physician or radiologist, and MAY NOT BE DISCARDED until directed by the radiologist. Dressings should be kept in a basin until checked by the radiologist or member of the Nuclear Medicine Department.

   Special orders will be written for oral hygiene for patients with oral implants.

9. No special precautions are needed for sputum, urine, vomitus, stools, dishes, instruments, utensils or bedding unless specifically ordered.

10. These patients must stay in bed unless orders to the contrary are written.

11. Visitors will be limited to those 18 years of age or over, unless other instructions are noted on the precaution sheet in the patient's chart.

12. Visitors should sit at least three feet from the patient and should remain no longer than the times specified on the form posted on the patient's door and in his chart.

13. No nurse, visitor or attendent who is pregnant should be permitted in the room of a patient while brachytherapy sources are implanted in the patient. Female visitors should be asked whether they are pregnant.

14. Emergency Procedures:

    a. If an implanted source becomes loose or separated from the patient, or

    b. If the patient dies, or

    c. If the patient requires emergency surgery, immediately

    call _____

    Phone # _____ _____
    (Days) (Nights)

15. At the conclusion of treatment, call the Radiation Safety Officer and request that the patient and room be surveyed to be sure all radioactive sources have been removed.

ITEM #20

GUIDELINES

RADIATION SAFETY PRECAUTIONS FOR THERAPEUTIC USE OF I-125 SEEDS

GENERAL

1. Personnel who prepare, insert or retrieve I-125 seeds must wear a finger or wrist type monitoring device to monitor radiation exposure to the extremities.

2. To maintain accountability of the seeds, a source inventory should be performed at the following times: a) when the seeds are removed from storage; b) before and after the seeds are loaded in the applicator; c) before and after surgery.

3. In transporting seeds from storage - preparation areas to the place of use, adequate shielding must be employed to insure compliance with 10 CFR 20.105(b).

INSTRUCTIONS TO NURSES (for hospitalized patients)

1. Nurses will be given a description of the size and appearance of the seeds.

2. Handle dislodged seeds with a spoon or forceps, never by hand. Place the dislodged seeds in a shielded container provided by the Radiation Safety Officer.

3. Surgical dressings and bandages used to cover the area of the insertion may be changed only by the attending physician. Dressings should be kept in a basin until checked by the Radiation Safety Officer.

4. All bed linen must be checked with a radiation survey meter before being removed from the patient's room to insure that no dislodged sources are inadvertently removed.

5. No special precautions are needed for sputum, urine, vomitus, stools, dishes, instrumetns, or utensils unless specifically ordered.

6. Emergency Procedures

a) If a seed becomes loose or dislodged from the patient, or

b) If the patient dies, or

c) If the patient requires emergency surgery, immediately call _____

Telephone # _____ _____
(Days) (Nights)

7. When the patient is discharged, call the Radiation Safety Officer and request a radiation survey of the room.

MATERIALS LICENSE
SUPPLEMENTARY SHEET

License number
22-10258-01

Docket or Reference number
030-02241

Amendment No. 21

CONDITIONS

10. Licensed material shall be used only at licensee's facilities located at 1406 Sixth Avenue North, St. Cloud, Minnesota.

11. The licensee shall comply with the provisions of Title 10, Chapter 1, Code of Federal Regulations, Part 19, "Notices, Instructions and Reports to Workers; Inspections" and Part 20, "Standards for Protection Against Radiation."

12. Licensed material listed in Item 6 above is authorized for use by, or under the supervision of, the following individual(s) for the materials and uses indicated:

P. R. Berger, M.D.	Groups I, II, III, IV, V and VI Xenon-133
W. J. Held, M.D.	Groups I, II, III, IV, V and VI Xenon-133
M. S. Bozanich, M.D.	Groups I, II, III and IV Xenon-133
R. A. Murray, M.D.	Groups I, II, III and IV Xenon-133
J. J. Ballantine	Groups I, II, III and IV Xenon-133
R. E. Fedor, M.D.	Groups I, II and III Xenon-133 Iodine-131 for treatment of hyperthyroidism, cardiac dysfunction and thyroid carcinoma.
P. H. VanderStoep, M.D.	Groups I, II and III Xenon-133 Iodine-131 for treatment of hyperthyroidism, cardiac dysfunction and thyroid carcinoma
J. M. Lacika, M.D.	Groups I, II and III Xenon-133 Phosphorus-32 (soluable) for treatment of polycythemia vera, leukemia and bone metastases Iodine-131 for treatment of thyroid carcinoma
B.R. Rogers, M.D.	Group VI
~~J. A. Maier, M.D.~~	Groups VI Iodine-131 for treatment of hyperthyroidism, cardiac dysfunction and thyroid carcinoma

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ST FRANCIS MEDICAL CENTER SR M CANISIA LC
530 NORTHEAST GLEN OAK AVE
PEORIA IL 61637

THIS IS A CONFIRMATION COPY OF THE FOLLOWING MESSAGE:

3096722020 TDBN PEORIA IL 39 07-18 0148P EST
FON 3127905500
NUCLEAR REGULATORY COMMISSION, ATTN MR BILL ADAMS COPY MESSAGE, FON IMMEDIATELY; EMERGENCY
REGIONAL LICENSING SECTION, 799 ROOSEVELT RD
GLEN ELLYN IL 60137

DUE TO A MEDICAL EMERGENCY, ST FRANCIS MEDICAL CENTER PEORIA ILLINOIS REQUEST THE AUTHORIZATION OF GROUP SIX TO NRC LICENSE #12-01167-02.

WE WILL COMMIT TO APPENDIX L INCLUDING INSTRUCTIONS TO NURSES. APPLICATION AND FEE TO FOLLOW. PLEASE ACT ASAP.
SISTER M CANISIA, ADMINISTRATOR

1351 EST

MGMCOMP MGM

~~8508210512~~ 1p.

CONTROL NO. 79517

CONTROL NO. 79517

TO REPLY BY MAILGRAM MESSAGE, SEE REVERSE SIDE FOR WESTERN UNION'S TOLL - FREE PHONE NUMBERS

5241 (R 7/82)