

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. Rita's Medical Center  
730 West Market Street  
Lima, Ohio 45801

TELEPHONE NO. AREA CODE 419 227 3361

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

Same as 1.a.

2. PERSON TO CONTACT REGARDING THIS APPLICATION

Ray Kaczur, 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. 34-12100-03

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:

Thomas William Church, 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)	ADDITIONAL ITEMS.	MARK ITEMS DESIRED "X"	MAXIMUM POSSESSION LIMITS (In millicuries)
10 CFR 31.11 FOR IN VITRO STUDIES			IODINE-131 AS IODIDE FOR TREATMENT OF HYPERTHYROIDISM		
10 CFR 35.100, SCHEDULE A, GROUP I		AS NEEDED	PHOSPHORUS-32 AS SOLUBLE PHOSPHATE FOR TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA AND BONE METASTASES		
10 CFR 35.100, SCHEDULE A, GROUP II		AS NEEDED	PHOSPHORUS-32 AS COLLOIDAL CHROMIC PHOSPHATE FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.		
10 CFR 35.100, SCHEDULE A, GROUP III			GOLD-198 AS COLLOID FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.		
10 CFR 35.100, SCHEDULE A, GROUP IV		AS NEEDED	IODINE-131 AS IODIDE FOR TREATMENT OF THYROID CARCINOMA		
10 CFR 35.100, SCHEDULE A, GROUP V		AS NEEDED	XENON-133 AS GAS OR GAS IN SALINE FOR BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES		
10 CFR 35.100, SCHEDULE A, GROUP VI					

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
<div>Applicant: <u>Ray Kaczur</u> Check No.: <u>006813</u> Amount: Fee Category: <u>\$120</u> Type of Fee: <u>Annual</u> Date Check Rec'd: <u>8/14/85</u> Received By: <u>[Signature]</u></div> <div>RECEIVED AUG 8 1985 REGION III</div>			

NRC FORM 313M  
(9-81)

CONTROL NO. 7 9 5 2 6

AUG 8 1985

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REG3 LIC30  
PDR  
34-12100-03

# 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. \_\_\_\_\_ Date: \_\_\_\_\_

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	
X	Supplements A & B Attached	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		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	
Appendix F Procedures Followed; or		Detailed Information Attached	
Equivalent Procedures Attached		23. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL SPECIFIED IN ITEM 6.b	
		Detailed Information Attached	

24. PERSONNEL MONITORING DEVICES			
TYPE (Check appropriate box)		SUPPLIER	EXCHANGE FREQUENCY
a. WHOLE BODY	<input type="checkbox"/>	FILM	
	<input type="checkbox"/>	TLD	
	<input type="checkbox"/>	OTHER (Specify)	
b. FINGER	<input type="checkbox"/>	FILM	
	<input type="checkbox"/>	TLD	
	<input type="checkbox"/>	OTHER (Specify)	
c. WRIST	<input type="checkbox"/>	FILM	
	<input type="checkbox"/>	TLD	
	<input type="checkbox"/>	OTHER (Specify)	
d. OTHER (Specify)			

## a HOSPITAL AGREEING TO ACCEPT PATIENTS CONTAINING RADIOACTIVE MATERIAL

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.

STATE

ZIP CODE

(This item must be completed by applicant)

b. APPLICANT OR CERTIFYING OFFICIAL (Signature)

x St. Rita's Medical Center

(1) NAME (Type of Print)

x *Ant. R. 22*

(2) TITLE

X President

7C

120.00

c. DATE

X

## 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.

U.S. N.R.C.  
L.I.D. FEE MGMT. BRANCH

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RECEIVED

NRC FORM 313M  
(9-81)

07 15 85  
TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER Thomas William Church, M.D.	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE OHIO
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## 3. CERTIFICATION

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
American Board of Radiology	Diagnostic	June, 1985

## 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	Aultman Hospital, Canton, OH July 1, 1981-June 30, 1985	180	30
b. RADIATION PROTECTION	Aultman Hospital, -Canton, OH July 1, 1981-June 30, 1985	45	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	Aultman Hospital, Canton, OH July 1, 1981-June 30, 1985	25	
d. RADIATION BIOLOGY	Aultman Hospital, Canton, OH July 1, 1981-June 30, 1985	25	
e. RADIOPHARMACEUTICAL CHEMISTRY	Aultman Hospital, Canton, OH July 1, 1981-June 30, 1985	36	25

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

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
(See attached sheet)		NEOUCOM Residency-Training Program Aultman Hospital, Canton, OH Timken Mercy Medical Center Canton, OH	July 1-Sept 30, 1983 July 1-Sept 30, 1984	



ADDENDUM SHEET TO NRC FORM 313M - SUPPLEMENT A

Experience with Radiation  
(Aultman Hospital)

Isotope	Maximum Amount	Type of Use
Co-57	0.5 microCi	Schilling Test
Co-58	0.8 microCi	Schilling Test
Ga-67	6.0 millicCi	Tumor, inflammation, localization
I-125	200 microCi	Bone densitometries, thrombus localization
I-131	126 millicCi	Total body imaging, treatment of hyperthyroidism and thyroid carcinoma
In-111	1.0 millicCi	Cisternogram
Se-75	250 microCi	Pancreas scan
Tc-99m	30 millicCi	Hepatobiliary study, liver-spleen scan, thyroid imaging, G.I. hemorrhage, salivary scan, testicular scan, bone scan, cardiac function study, myocardial infarction scan, Meckel's scan, renal scan, pulmonary blood flow study, and venogram study
Tl-201	2.0 millicCi	Stress/rest myocardial scan
Yb-169	2.0 millicCi	Cisternogram
Xe-133	30 millicCi	Pulmonary ventilation studies
I-123	300 microCi	Thyroid imaging and uptake
P-32 (soluble)	17 millicCi	Treatment of metastatic prostate carcinoma
P-32 (colloidal)	10 millicCi	Treatment of malignant pleural effusion (see attached letter)

## PRECEPTOR STATEMENT (Aultman Hospital)

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 Thomas William Church, M.D.			
STREET ADDRESS 9588 Pheasant Valley			
CITY Uniontown,	STATE OH	ZIP CODE 44685	

## 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	1	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME		
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES		
	IN VITRO STUDIES		
OTHER	Bone Densitometry	15	
I-125	DETECTION OF THROMBOSIS	73	
I-131	THYROID IMAGING		
P-32	EYE TUMOR LOCALIZATION		
Se-75	PANCREAS IMAGING	4	
Yb-169	CISTERNOGRAPHY	2	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	76	
OTHER			
Tc-99m	BRAIN IMAGING	52	
	CARDIAC IMAGING (Pyrophosphate)	50	
	THYROID IMAGING		
	SALIVARY GLAND IMAGING	1	
	BLOOD POOL IMAGING (GSA)	120	
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	171	
	LUNG IMAGING	76	
	BONE IMAGING	284	
OTHER			

## 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 (Stuhle)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		- Maximum dose 126 millicCi  - Maximum dose 16.3 millicCi           Performed at Pharmatopes Syncor International Corp., Akron, OH (see enclosed letter)
P-32 (Colloid)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA	1	
	TREATMENT OF HYPERTHYROIDISM	6	
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	TELE THERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIO PHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	5	
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	5	
Other	(See attached sheet)		

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

July 1, - September 30, 1983 - Aultman Hospital, Canton, OH = 500 hours

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

#### a. NAME OF SUPERVISOR

Robert N. Di Simone, M.D.

#### b. NAME OF INSTITUTION

Aultman Hospital

#### c. MAILING ADDRESS

2600 Sixth Street, S.W.

#### d. CITY

Canton, OH 44710

### 5. MATERIALS LICENSE NUMBER(S)

34-01312-01

### 6. PRECEPTOR'S SIGNATURE

*Robert N. Di Simone, M.D.*

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

Robert N. Di Simone, M.D.

### 8. DATE

June 27, 1985



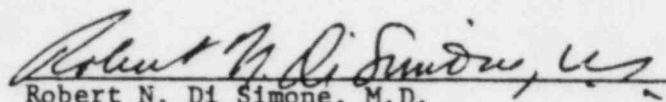
ADDENDUM SHEET TO NRC FORM 313M - SUPPLEMENT B

Clinical Training and Experience of Above Named Physician  
(Aultman Hospital)

Isotope	Conditions Diagnosed or Treated	Number of Cases Involving Personal Participation
Tc-99m	Renal Scan	21
	Biliary Patency Study	33
	Gastrointestinal Hemorrhage Study	2
	Meckel's Diverticulum Study	1
Co-57/Co-58	Schilling Test	23
Tl-201	Thallium Myocardial Scan	207
Ga-67	Soft Tissue Uptake	30
I-123	Thyroid Scan and Uptake	110
I-131	Total Body Uptake	3

ATTACHMENT TO FORM NRC 313M - Supplement B

Dr. Thomas W. Church has completed a residency training program in diagnostic radiology and is certified by the American Board of Radiology. Dr. Church received his residency training at Northeastern Ohio Universities College of Medicine, Aultman Hospital, Canton, OH. During his residency he received a one hour lecture three times a week in Basic Radioisotope Handling Techniques, including Radiation Physics and Instrumentation, Radiation Protection, Mathematics pertaining to the use of measurement of radioactive, and Radiation Biology. This amounted to 450 hours of training. During his training period, Dr. Church also completed a course in Nuclear Medicine with lecture and laboratory training, including Radiopharmaceutical Chemistry amounting to 100 hours.



Robert N. Di Simone, M.D.

Director, Nuclear Medicine Service  
Aultman Hospital  
Canton, OH 44710

PRECEPTOR STATEMENT (Timken Mercy Medical Center)

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			
Thomas William Church, M.D.			
STREET ADDRESS			
9588 Pheasant Valley			
CITY	STATE	ZIP CODE	
Uniontown	Ohio	44685	

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		
Se-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	47	
OTHER			
Tc-99m	BRAIN IMAGING	23	
	CARDIAC IMAGING (Pyrophosphate)	3	
	THYROID IMAGING	5	
	SALIVARY GLAND IMAGING	1	
	BLOOD POOL IMAGING (MUGA)	38	
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	65	
	LUNG IMAGING	47	
	BONE IMAGING	198	
OTHER			

## 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		- Maximum dose 21.7 millicCi
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	(5)	Listed on attached sheet regarding experience at Aultman Hospital
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	(5)	
Other	(See attached sheet)		

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

July 1 - September 30, 1984 Timken Mercy Medical Center, Canton, Ohio = 500 hours

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

a. NAME OF SUPERVISOR	Robert V. Wade, M.D.
b. NAME OF INSTITUTION	Timken Mercy Medical Center
c. MAILING ADDRESS	1320 Timken Mercy Dr., N.W.
d. CITY	Canton, OH 44708
e. MATERIALS LICENSE NUMBER(S)	34-01954-01

### 5. PRECEPTOR'S SIGNATURE

*Robert V. Wade M.D.*

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

Robert V. Wade, M.D.

### 8. DATE

June 27, 1985

ADDENDUM SHEET TO NRC FORM 313M - SUPPLEMENT B

Clinical Training and Experience of Above Named Physician  
(Timken-Mercy Medical Center)

Isotope	Conditions Diagnosed or Treated	Involving Peronsal Participation
Tc-99m	Renal Scan	9
	Biliary Patency Study	24
	Gastrointestinal Hemorrhage Study	1
	Meckel's Diverticulum Study	1
	Testicular Scan	2
	Venogram	3
	Thyroid Imaging	5
Tl-201	Stress Myocardial Scan	88
Ga-67	Tumor, Inflammation Localization	36
I-123	Thyroid Scan and Uptake	60
In-111	Cisternogram	4