



**GOOD
SAMARITAN
MEDICAL CENTER**

KENNETH S. JAMRON,
F.A.C.H.A.
President

June 18, 1985

Deaconess Hospital Campus

620 North 19th Street
Milwaukee, Wisconsin 53233
414/933-9600

Lutheran Hospital Campus

2000 West Kilbourn Avenue
Milwaukee, Wisconsin 53233
414/344-8800

USNRC Region III
799 Roosevelt Road
Glen Ellyn, IL 60137

Dear Sirs:

We are writing to request that NRC license number 48-00988-04 be amended to a change in facilities and personnel.

We wish to physically move our Varian Clinac IV linear accelerator and its depleted uranium shielding from its present location at the Good Samaritan Medical Center Deaconess Campus, 620 North 19th Street, Milwaukee, Wisconsin, to the Good Samaritan Medical Center Lutheran Campus, 2000 West Kilbourn, Milwaukee, Wisconsin, 53233. We foresee no changes in the continued radiologically safe operation of this unit and pledge to keep patient, visitor and employee radiation exposures from this device as low as reasonably achievable.

Please add Marcia J.S. Richards, M.D., to the license number 48-00988-04 as an authorized user of Group VI byproduct materials and depleted uranium for shielding. Please note that Dr. Richards is presently named as such a user on license number 48-01338-01.

Enclosed please find a check in the amount of \$120.00 to cover the cost of this amendment, and please do not hesitate to contact us at (414) 937-5228 should there be any questions or concerns on this amendment request.

Sincerely,

John Schwartz, President

Todd Kranpitz, Nuclear Medicine

8509120230 850703
REG3 LIC30
48-00988-04 PDR



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
799 ROOSEVELT ROAD
GLEN ELLYN, ILLINOIS 60137

JUN 25 1985

Good Samaritan Medical Center
ATTN: Lutheran Campus
John Schwartz
Chief Operating Officer
620 North 19th Street
Milwaukee, WI 53233

Gentlemen:

Enclosed in Amendment No. 38 to your byproduct material license. As per a telephone conversation between Mr. Schwartz and me on June 14, 1985, we have amended your license in its entirety as a renewal for a five year period (i.e., the appropriate fee was paid and all your procedures were changed as per your March 25, 1985 application) instead of amending it for each request in letters dated November 16, 1984, January 7, 1985, January 15, 1985, and March 25, 1985.

Please note the following:

1. We have not added the physicians (Drs. Whalen, Veluvolu, and Goldstein) as requested. In order to add Drs. Whalen and Veluvolu, resubmit Supplement A with each physician's name in box 1. Both forms sent to us on April 3, 1984 contained Dr. Collier's name. This makes it unclear as to which physician's training is listed on the form.

In order to add Dr. Goldstein to utilize a strontium-90 applicator as requested in your November 16, 1984, application, you will need to resubmit documentation of his active participation using the applicator within the last 5 years. You may wish to have him work under the supervision of an authorized user on your license for a period of time and this could be documented as experience within the past five years. This documentation should be signed and dated by his preceptor. Upon receipt of this documentation, we will add the use of the applicator in accordance with procedures stated in your November 16, 1984 letter.

2. Since you have deleted Drs. Norlund, Walker and Falich, and they were the only authorized users for Group VI material, the authorized use condition (Item 9.E.) has been changed to read "for storage only". At such time as you are able to add authorized physicians for this use, we will reinstate Group VI for active use.

~~85-67240352~~
11 pp

JUN 2 6 1985

3. We have removed the transport condition from your license since your application states there will be no transfer of material between your locations of use. If this situation changes, you will need to amend your license accordingly.
4. As discussed with Todd Kranpitz via phone on May 30, 1985, we are not adding the letter dated May 22, 1985 to your tie-down condition. Our understanding is that you will run the xenon exhaust fan in the scanning room for a minimum of five minutes per patient exam as stated in your application dated March 25, 1985.

Please review the enclosed document carefully and be sure that you understand all conditions. You must conduct your program involving radioactive materials in accordance with the conditions of your NRC license, representations made in your license application, and NRC regulations. In particular, note that you must:

1. Operate in accordance with NRC regulations 10 CFR Part 19, "Notices, Instructions and Reports to Workers; Inspections," 10 CFR Part 20, "Standards for Protection Against Radiation," and other applicable regulations.
2. Possess radioactive material only in the quantity and form indicated in your license.
3. Use radioactive material only for the purpose(s) indicated in your license.
4. Notify NRC in writing of any change in mailing address.
5. Request and obtain appropriate amendment if you plan to change ownership of your organization, change locations of radioactive material, or make any other changes in your facility or program which are contrary to your license conditions or representations made in your license application and any supplemental correspondence with NRC. Any amendment request should be accompanied by the appropriate fee specified in 10 CFR Part 170.
6. Submit a complete renewal application with proper fee or termination request at least 30 days before the expiration date on your license. You will receive a reminder notice approximately 90 days before the expiration date. Possession of radioactive material after your license expires is a violation of NRC regulations.

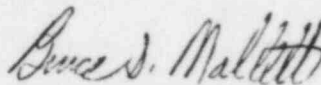
JUN 25 1985

7. Request termination of your license if you plan to permanently discontinue activities involving radioactive material prior to your expiration date.

You will be periodically inspected by NRC. Failure to conduct your program in accordance with NRC regulations, license conditions and representations in your license application will result in enforcement action against you in accordance with the General Policy and Procedures for NRC Enforcement Actions, 10 CFR Part 2, Appendix C.

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

Sincerely,



Materials Licensing Section

Enclosures:

1. Amendment No. 38
2. 10 CFR Parts 19, 20, 35

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

Purushotham Veluvolu

2. STATE OR TERRITORY IN
WHICH LICENSED TO
PRACTICE MEDICINE

Wisconsin

3. CERTIFICATION

SPECIALTY BOARD
ACATEGORY
BMONTH AND YEAR CERTIFIED
C

Nuclear Medicine

Groups I-V

To Be Done in

Radiology

Diagnostic

September, 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	Medical College of Wisconsin - Milwaukee County Hospital July 1981 - June 1984	100	300
b. RADIATION PROTECTION	"	100	200
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	"	50	100
d. RADIATION BIOLOGY	"	50	100
e. RADIOPHARMACEUTICAL CHEMISTRY	"	50	100

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	500 mCi	Medical College Wisconsin	7/81 - 8/84	Clinical Nuclear Medicine
Mo-99	500 mCi	"	"	"
I-131	200 mCi	"	"	"
In-111	5 mCi	"	"	"
Xe-133	20 mCi	"	"	"

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

Purushotham Veluvolu

STREET ADDRESS

336 N. 75th Street

CITY

Milw

STATE

WI

ZIP CODE

53213

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	4,500	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	200	
	LIVER FUNCTION STUDIES	0	
	FAT ABSORPTION STUDIES	0	
	KIDNEY FUNCTION STUDIES	1,500	
	IN VITRO STUDIES	300	
OTHER			
I-125	DETECTION OF THROMBOSIS	0	
I-131	THYROID IMAGING	90	
P-32	EYE TUMOR LOCALIZATION	2	
Se-75	PANCREAS IMAGING	0	
Yb-169	CISTERNOGRAPHY	50	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	600	
OTHER			
Tc-99m	BRAIN IMAGING	300	
	CARDIAC IMAGING	1500	
	THYROID IMAGING	400	
	SALIVARY GLAND IMAGING	10	
	BLOOD POOL IMAGING	1000	
	PLACENTA LOCALIZATION	0	
	LIVER AND SPLEEN IMAGING	600	
	LUNG IMAGING	750	
	BONE IMAGING	2,500	
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	20	
P-32 (Colloidal)	INTRACAVITARY TREATMENT	2	
I-131	TREATMENT OF THYROID CARCINOMA	20	
	TREATMENT OF HYPERTHYROIDISM	40	
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	TELE THERAPY TREATMENT	0	
Sr-90	TREATMENT OF EYE DISEASE	0	
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	15,000	
Sn-113/ In-113m	GENERATOR	0	
Tc-99m	REAGENT KITS	15,000	
Other			

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

July 1, 1981 to June 30, 1984
6,000 hours of training

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

a. NAME OF SUPERVISOR

Bert David Collier, Jr. M.D.

b. NAME OF INSTITUTION

Medical College of Wisconsin

c. MAILING ADDRESS

8700 W. Wisconsin Ave.

d. CITY

Milwaukee, WI 53226

5. MATERIALS LICENSE NUMBER(S)

48-04193-01

6. PRECEPTOR'S SIGNATURE

Bert David Collier, Jr. M.D.

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

Bert David Collier, Jr. M.D.

8. DATE

July 2, 1985

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

John Patrick Whalen

2. STATE OR TERRITORY IN
WHICH LICENSED TO
PRACTICE MEDICINE

Wisconsin

3. CERTIFICATION

SPECIALTY BOARD
ACATEGORY
BMONTH AND YEAR CERTIFIED
C

Nuclear Medicine

I - V

To be arranged

Pathology

APCP

1981

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	Medical College of Wisconsin Jan 1, 1982 - Dec 31, 1983	100	300
b. RADIATION PROTECTION	"	100	200
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	"	50	100
d. RADIATION BIOLOGY	"	50	100
e. RADIOPHARMACEUTICAL CHEMISTRY	"	50	100

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	500 mCi	Medical College Wisconsin	Jan 1, 82 - Dec 31, 83	Clinical Nuclear Medicine
Mo-99	600 mCi	"	"	"
I-131	200 mCi	"	"	"
In-111	5 mCi	"	"	"
Xe-133	20 mCi	"	"	"

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
FULL NAME <u>John Patrick Whalen</u>	PERSONAL PARTICIPATION SHOULD CONSIST OF:
STREET ADDRESS <u>2526 N. 124th St #227</u>	1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.
CITY <u>Wauwatosa</u>	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.
STATE <u>Wisconsin</u>	3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.
ZIP CODE <u>53226</u>	

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	3,000	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	140	
	LIVER FUNCTION STUDIES	0	
	FAT ABSORPTION STUDIES	0	
	KIDNEY FUNCTION STUDIES	1,000	
	IN VITRO STUDIES	200	
OTHER			
I-125	DETECTION OF THROMBOSIS	0	
I-131	THYROID IMAGING	60	
P-32	EYE TUMOR LOCALIZATION	1	
Se-75	PANCREAS IMAGING	0	
Yb-169	CISTERNOGRAPHY (In-111)	38	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	400	
OTHER			
Tc-99m	BRAIN IMAGING	200	
	CARDIAC IMAGING	1000	
	THYROID IMAGING	300	
	SALIVARY GLAND IMAGING	6	
	BLOOD POOL IMAGING	700	
	PLACENTA LOCALIZATION	0	
	LIVER AND SPLEEN IMAGING	400	
	LUNG IMAGING	500	
	BONE IMAGING	1700	
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	20	
P-32 (Colloidal)	INTRACAVITARY TREATMENT	2	
I-131	TREATMENT OF THYROID CARCINOMA	20	
	TREATMENT OF HYPERTHYROIDISM	40	
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	TELE THERAPY TREATMENT	0	
Sr-90	TREATMENT OF EYE DISEASE	0	
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	10,000	
Sn-113/ In-113m	GENERATOR	0	
Tc-99m	REAGENT KITS	10,000	
Other			

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

Jan 1, 1982 to Dec 31, 1983

4,000 hours of Training

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

a. NAME OF SUPERVISOR	Bert David Collier, Jr. M.D.
b. NAME OF INSTITUTION	Medical College of Wisconsin
c. MAILING ADDRESS	8700 W Wisconsin Ave
d. CITY	Milwaukee, WI 53226
e. MATERIALS LICENSE NUMBER(S)	48-04193-01

5. PRECEPTOR'S SIGNATURE

B. David Collier, Jr. M.D.

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

Bert David Collier, Jr. M.D.

8. DATE

July 2, 1985

NOTE TO: License Fee Management Branch, ADM

FROM: Region III

SUBJECT: VOIDED APPLICATION

RECEIVED

'85 AUG -7 AIO:

Control Number 379303

U.S. N.E.C.
LIC. FEE MGMT. BRANCH

Applicant

Good Samaritan Hosp.

Date Voided

7/12/85

Reason for Void

Combined w. Control No

379286 prior to review.

Signature

W. Adam

Attachment:
Application

~~79303 - July 14 - info collected
LFMB processed add'l info~~

~~Glenda - a copy of 79286 (July 10)
attached - should the license
be with this - should
they hold until it is issued
(it's not the copy we processed)~~

OK LFMB

Void
Combined w. control
no. 79286 prior
to review

CMD: -----

LMS APPLICATION FORM 850712

DOCKET NO: 03003415 LICENSE NO: 48-00988-04-- FEDERAL GOV'T: N

INSTITUTION CODE: 00988 LICENSE REGION: 3 STATUS: 0

NAME: GOOD SAMARITAN HOSPITAL-----
DEPT/BUREAU: DEACONESS HOSPITAL CAMPUS-----
BUILDING: -----
STREET: 620 NORTH 19TH STREET-----
CITY: MILWAUKEE----- STATE: WI ZIP: 53233-----
ATTN: JOHN SCHWARTZ, CHF.OPR.OPCR.--

MAIL CONTROL NO: 379303 RECEIPT DATE: 850708 ACTION TYPE: 4
(YYMMDD)

PRIORITY PROCESSING FLAG: N 000 000