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JUN 7 1985

Vincent P. Collins, M.D.  
9200 Westheimer  
Houston, TX 77042

Dear Dr. Collins:

Please review the credentials of Mr. Joseph Ohlmacher to act as a qualified expert per 10 CFR Part 35, Section 35.24.

Documentation of Mr. Ohlmacher's training and experience is enclosed, as well as a report of a full calibration and spot-check program performed by Mr. Ohlmacher, and a written endorsement of the technical qualifications of Mr. Ohlmacher from a physicist certified by the American Board of Radiology. Also enclosed is a standard appraisal form for your convenience. Please forward your comments to the following address:

U.S. Nuclear Regulatory Commission  
Region III Materials Licensing Section  
709 Roosevelt Road  
Glen Ellyn, IL 60137  
ATTN: Bruce S. Mallett, Ph.D.

Thank you.

Sincerely,

Original Signed By  
Patricia J. Whiston  
Materials Licensing Section

Enclosure: As stated

8512030385 851002  
REG3 LIC30  
21-01354-05 PDR

RIII

Whiston/cm  
06/05/85



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

MEDICAL ADVISORY COMMITTEE  
APPRAISAL

1. Applicant: Leila Y. Post Montgomery Hospital Radiology Department Address: 300 North Avenue City: Battle Creek State: MI	2. Control No. 17295 (R6)
	3. Department
4. Name and title of trained individual  Joseph P. Ohlmacher	5. Type Program:  <input type="checkbox"/> Private practice <input type="checkbox"/> Private practice in hospital <input checked="" type="checkbox"/> Institutional
6. Review:  <input checked="" type="checkbox"/> First <input type="checkbox"/> Second	7. Previous application control No.(s)
8. Remark on checked item:  <input type="checkbox"/> A. All radioisotopes and uses stated in application <input type="checkbox"/> B. Use of _____ for _____  <input checked="" type="checkbox"/> C. Training and experience of user Mr. Ohlmacher to act as qualified expert (10 CFR 35.24) <input type="checkbox"/> D. Dosage(s) indicated <input type="checkbox"/> E. Clinical techniques and procedures outlined <input type="checkbox"/> F. Type patient used (i.e., terminal, infants, normal) <input type="checkbox"/> G. Other	
9. Action of Subcommittee on Human Applications:  <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Disapprove	
Remarks: The inclusions outlined in the footnote to 10 CFR Part 35.24 (b), as appended in this application, appear to be met. Approval recommended.	
6/26/85 (Date of appraisal)	Signature <u>V. P. Collins</u> (Member of subcommittee)

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V. P. Collins, M.D.

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*V. P. Collins*