

WESTLAND MEDICAL CENTER

2345 Merriman Road

Westland, Michigan 48185

(313) 467-2300

David C. Kreger
Vice President & Chief Operating Officer

July 22, 1985

United States Nuclear Regulatory Commission
Region III, Office of Materials Licensing
799 Roosevelt Road
Glen Ellyn, Illinois 60137

Attention: Bruce Mallett, Ph.D.

RE: Request for amendment to NRC License No. 21-02936-01

We hereby request the following change to our NRC License.

The addition of Annette I. Joe, M.D. as an authorized user
to our License (NRC Supplement A & B included).

Thank you for your help and attention regarding this matter.
Enclosed is the \$120.00 fee for the License amendment per
10 CFR 170.31 7.C.

Sincerely,

David C. Kreger
David C. Kreger
Administrator

DCK:cmk

Enclosure

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

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REG3 LIC30
21-02936-01 PDR

Applicant	<i>Aug 18/85</i>
Check No.	<i>007674</i>
Amount/Fee Category	<i>\$120</i>
Type of Fee	<i>2. Change</i>
Date Check Rec'd	<i>8/13/85</i>
Received By	<i>[Signature]</i>

RECEIVED
JUL 31 1985
REGION III

CONTROL NO. 7 945 4

JUL 31 1985

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

Annette Joe, M.D.

STREET ADDRESS

31551 W. Stonewood Ct.

CITY

Farmington Hills,

STATE

MI

ZIP CODE

48018

KEY TO COLUMN C

PERSONAL PARTICIPATION SHOULD CONSIST OF:

1-Supervised examination of patients to determine the suitability for radiolotope 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	26	Tc-99m
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	2	Hepatobiliary Study 22
	LIVER FUNCTION STUDIES	-0-	Renogram (DTPA) 49
	FAT ABSORPTION STUDIES	-0-	Renal Scan (sulfur colloid) 24
	KIDNEY FUNCTION STUDIES	36	Bowel Scan 2
	IN VITRO STUDIES	-0-	Wall Motion (rest) 56
OTHER	I-131 Tumor Localization	1	Wall Motion (stress) 6
I-125	DETECTION OF THROMBOSIS	-0-	Shunt Patency 1
I-131	THYROID IMAGING	97	Voiding Cystogram 4
P-32	EYE TUMOR LOCALIZATION	-0-	Testicular Flow Study 2
Se-75	PANCREAS IMAGING	-0-	
Yb-169	CISTERNOGRAPHY	-0-	Tl-201
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	42	Myocardial Scan (rest) 89
OTHER	In-111 DTPA Cisternogram	4	Myocardial Scan (stress) 57
Tc-99m	BRAIN IMAGING	102	Ga-67 22
	CARDIAC IMAGING	57	Co-57 & Co-58
	THYROID IMAGING	19	Schilling's Test 6
	SALIVARY GLAND IMAGING	3	Cr-51
	BLOOD POOL IMAGING	-0-	Red Cell Mass 2
	PLACENTA LOCALIZATION	-0-	
	LIVER AND SPLEEN IMAGING	351	
	LUNG IMAGING	74	
	BONE IMAGING	442	
OTHER	See Comments Column		

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

Annette Joe, M.D.

2. STATE OR TERRITORY IN
WHICH LICENSED TO
PRACTICE MEDICINE

Michigan

3. CERTIFICATION

SPECIALTY BOARD
A

CATEGORY
B

MONTH AND YEAR CERTIFIED
C

American Board of
Radiology

Diagnostic Radiology

June 1982

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	Henry Ford Hospital March, May, June, 1980	60	10
b. RADIATION PROTECTION	Henry Ford Hospital March, May, June, 1980	5	-0-
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	Henry Ford Hospital March, May, June, 1980	10	-0-
d. RADIATION BIOLOGY	Henry Ford Hospital March, May, June, 1980	10	-0-
e. RADIOPHARMACEUTICAL CHEMISTRY	Henry Ford Hospital March, May, June, 1980	18	-0-

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

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE

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	-0-	} observation only
P-32 (Colloidal)	INTRACAVITARY TREATMENT	1	
I-131	TREATMENT OF THYROID CARCINOMA	-0-	
	TREATMENT OF HYPERTHYROIDISM	37	
Au-198	INTRACAVITARY TREATMENT	-0-	
Co-60 or Cs-137	INTERSTITIAL TREATMENT	-0-	
Co-60 or Cs-137	INTRACAVITARY TREATMENT	-0-	
	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	
Sn-113/ In-113m	GENERATOR	-0-	
Tc-99m	REAGENT KITS	20	
Other			

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

March, 1980
May, 1980
June, 1980

TOTAL HOURS = 500

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

a. NAME OF SUPERVISOR Daniel S. Marks, M.D./
Jerry W. Froelich, M.D.
b. NAME OF INSTITUTION
Henry Ford Hospital
c. MAILING ADDRESS
2799 W. Grand Boulevard
d. CITY
Detroit, MI 48202

e. MATERIALS LICENSE NUMBER(S)
21-04109-16

5. PRECEPTOR'S SIGNATURE

Jerry W. Froelich

PRECEPTOR'S NAME (Please type or print)

Jerry W. Froelich, M.D.
(for Daniel S. Marks, M.D.)

6. DATE

March 6, 1985

CURRICULUM VITAE

Annette Ingram Joe, M.D.
31551 W. Stonewood Ct.
Farmington Hills, Mi. 48018
Phone: (313) 626-3545 or
(313) 467-2556 (work)

EDUCATION:

1968 - 1971	High School - Cass Technical High School Detroit, Mi.
1971 - 1974	College - University of Michigan Ann Arbor, Mi. Degree - BGS
1974 - 1978	Medical School - University of Michigan Ann Arbor, Mi. Degree - M.D.

POSTGRADUATE TRAINING:

1978 - 1982	Diagnostic Radiology Residency Henry Ford Hospital Detroit, Mi.
	Diagnostic Ultrasound - (nine months) Computed Tomography - (three months)

CERTIFICATION:

1982	American Board of Radiology
1979	National Board of Medicine

LICENSURE:

1979	State of Michigan #42183
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PROFESSIONAL MEMBERSHIPS:

American College of Radiology
Radiologic Society of North America
Detroit Medical Society
Michigan Radiological Society
American Association of Women Radiologists

EMPLOYMENT:

1982 - 1985	University Medical Affiliates, P.C.
March 1985 to Present	Goodwin - Erwin & Associates, P.C.