



Serving Attleboro, North Attleboro, Plainville, Wrentham, Norton, Mansfield, Foxboro, Seekonk, Rehoboth

May 21, 1985

United States Nuclear Regulatory Commission
Region I
631 Park Avenue
King of Prussia, Pennsylvania 19406

Gentlemen:

Sturdy Memorial Hospital is requesting their Institutional License Number 20-09021-03 and Docket Number 030-01905 be amended to include two additional Physician users, Dr. Joseph DiCola and Dr. Ronald Cohen. We are enclosing duplicate copies of the forms NRC-313M Supplement A and B for each Physician along with the amendment fee of Two hundred and Forty Dollars.

Sincerely,

Edward Lombardo
Supervisor
Nuclear Medicine

EL/mln

enclosure

RECEIVED BY LFMB	
Date..	6/12/85
Log.	June 19 6-I
By..	Jacques
Orig. To..	
Action Compl.	6/18/85

Applicant.	
Check No.	23924
Amount/ Fee Category	20-09021-03 -120
Type of Fee	Amendment
Date Check Rec'd	5/23/85
Received By..	Jacques

refunded

8509190036 850906
REG1 LIC30
20-09021-03 PDR

1005 MAY 29 PM 3:07

RECEIVED-REGION I

"OFFICIAL RECORD COPY"

ML10

03885

MAY 29 1985

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER <i>Joseph L. D. Cola M.D.</i>	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE
---	--

3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
<i>cardiology internal medicine</i>		<i>11/83 9/81</i>

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	<i>Rhode Island Hospital Providence RI July 81 to June 83</i>	<i>40</i>	<i>20</i>
b. RADIATION PROTECTION		<i>20</i>	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY		<i>10</i>	
d. RADIATION BIOLOGY		<i>10</i>	
e. RADIOPHARMACEUTICAL CHEMISTRY		<i>10</i>	

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
<i>Tc 99m</i>	<i>100 hrs</i>	<i>Rhode Island Hosp Providence RI</i>	<i>1981-83</i>	<i>nuclear cardiology</i>

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

Joseph Louis DiGala

STREET ADDRESS

2 Hayward St

CITY

Attleboro

STATE

MA

ZIP CODE

02703

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		<i>Specific training in handling and dose preparation of Technetium 99m and Thallium 201. Specific training in flooding and photo peaking a gamma camera for acquisition of Thallium and Technetium studies. Also training in computer use for analyzing Technetium and Thal- lium studies. (See attached/other)</i>
	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		
OTHER			
Tc-99m	BRAIN IMAGING		
	CARDIAC IMAGING		
	THYROID IMAGING		
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING	500	
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING		
	LUNG IMAGING		
OTHER	BONE IMAGING		
	Thallium 201	1	

RECEPTOR 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		
P-32 (Colloidal)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM		
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	50	
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS		
Other			

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

July 81 to June 83
500 total hrs

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

a. NAME OF SUPERVISOR

b. NAME OF INSTITUTION

c. MAILING ADDRESS

d. CITY

5. MATERIALS LICENSE NUMBER(S)

RHODE ISLAND HOSPITAL - INSTITUTIONAL LICENSE

6. PRECEPTOR'S SIGNATURE

Henry Gewirtz MD

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

HENRY GEWIRTZ, MD
ASSOC. PROF. MEDICINE - BROWN

8. DATE

5-16-85



DIVISION OF CARDIOLOGY
RHODE ISLAND HOSPITAL

PROVIDENCE, RHODE ISLAND 02902

(401) 277-5891

BROWN UNIVERSITY

Program in Medicine



Albert S. Most, M.D.
Physician-in-Charge

Robert J. Capone, M.D.

David O. Williams, M.D.

Henry Gewirtz, M.D.

Thomas M. Drew, M.D.

Chester A. Chmielewski, M.D.

June 23, 1983

To Whom It May Concern:

Please be advised that Dr. Joseph DiCola has participated in a Nuclear Cardiology Training Program offered in conjunction with the Cardiac Fellowship at the Rhode Island Hospital. This program includes specific training in handling and dose preparation of technetium 99M and thallium-201. As well, specific training is provided in flooding and photo peaking a gamma camera for acquisition of thallium and technetium studies. Training in use of the computer to acquire and analyze studies is an integral part of the program. Considerable attention is also given to the interpretation and indications for currently employed nuclear cardiac studies including rest and exercise gated blood pool scans and resting and exercise thallium studies.

In conjunction with this experience, Dr. DiCola has also attended didactic lectures dealing with radiation physics and biology. These were provided under the auspices of the Nuclear Medicine Department at Miriam Hospital in Providence, Rhode Island. As well, Dr. DiCola has also received in-house training in the safe use of radionuclides from our Radiation Safety Officer, Dr. Douglas Shearer (Ph.D.). The total accumulated time in this training program has been approximately 500 hours or three months.

I hope this information will be useful to you. If you have any questions, please do not hesitate to contact me.

Sincerely yours,

Henry Gewirtz, M.D.
Assistant Professor
Brown University Program in Medicine
Director
Non-Invasive Cardiology
Rhode Island Hospital

HG:c

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

Ronald Harvey Cohen, M.D.

2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE
Mass.

3. CERTIFICATION

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
<i>American Board of Radiology</i>		<i>pending (passed written and oral sections on Nuclear medicine)</i>

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	<i>Hartford Hospital. Dept of Nuclear Medicine 7/81 → 6/84 (3 months)</i>	<i>Additional 100 hr. Lecture/lab</i>	
b. RADIATION PROTECTION	<i>over 500 hr.</i>		
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY			
d. RADIATION BIOLOGY			
e. RADIOPHARMACEUTICAL CHEMISTRY			

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

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
		<i>See #4</i>		

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

Ronald Harvey Cohen, M.D.

STREET ADDRESS

Sturdy Memorial Hospital
211 Park Ave.

CITY

Attleboro, Mass 01703

STATE ZIP CODE

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	100	
	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	100	
P-32	EYE TUMOR LOCALIZATION		
Sr-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY In 111	10	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	150	
OTHER			
Tc-99m	BRAIN IMAGING	10	
	CARDIAC IMAGING	100	
	THYROID IMAGING	250	
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING	50	
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	250	
	LUNG IMAGING	150	
	BONE IMAGING	250	
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		
P-32 (Colloidal)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA	2	
	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	TELE THERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION	20	
Mo-99/ Tc-99m	GENERATOR		
Sr-90/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	20	
Other			

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING
3 month residency training July 81 - June 84 520 hr.

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

a. NAME OF SUPERVISOR
John J. Sziklas
 b. NAME OF INSTITUTION
Hartford Hospital.
 c. MAILING ADDRESS
Dept Nuc Med.
 d. CITY
Hartford, CT 06106

5. PRECEPTOR'S SIGNATURE

John J. Sziklas, MD

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

JOHN J. SZIKLAS

8. DATE

1/2/85

5. MATERIALS LICENSE NUMBER(S)

FORM NRC-313M-SUPPLEMENT B
 (8-78)

BETWEEN: William O. Miller, Chief
License Fee Management Branch
Office of Administration

John E. Glenn, Chief
Nuclear Materials Section B
Division of Engineering and
Technical Programs

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: Sturdy Memorial Hospital

Application Dated: 5/21/85

Control No.: 03885

License No.: 20-09021-03

2. FEE ATTACHED

Amount: \$240.00

Check No.: 23924

3. COMMENTS

Signed Brenda Platchek

Date 5/30/85

02/20

B. LICENSE FEE MANAGEMENT BRANCH

1. Fee Category and Amount: 7C - \$240 - \$120 refunded 4/90

2. Correct Fee Paid. Application may be processed for:

Amendment ✓

Renewal _____

License _____

Signed B Jackson

Date 6/18/85

"SECTION COPY"

23924		Sturdy Memorial Hospital INC. 211 Park Street Attleboro, MA 02703	<table border="1" style="width: 100%;"> <tr> <td style="font-size: 0.8em;">CHECK DATE</td> <td style="font-size: 0.8em;">CHECK NUMBER</td> </tr> <tr> <td style="text-align: center;">05/23/85</td> <td style="text-align: center;">23924</td> </tr> </table>	CHECK DATE	CHECK NUMBER	05/23/85	23924
CHECK DATE	CHECK NUMBER						
05/23/85	23924						
		EXACTLY \$240 AND 00 CTS					
			<table border="1" style="width: 100%;"> <tr> <td style="font-size: 0.8em;">CHECK AMOUNT</td> </tr> <tr> <td style="text-align: center; font-size: 1.1em;">\$ 240.00</td> </tr> </table>	CHECK AMOUNT	\$ 240.00		
CHECK AMOUNT							
\$ 240.00							
PAY TO ORDER OF U S NUCLEAR REGULATORY COMMISSION							
Durfee Attleboro Bank ATTLEBORO, MA		 <small>53-23 113</small>	 <small>AUTHORIZED SIGNATURE</small>				

⑈023924⑈ ⑆011300236⑆ 165 000 457⑈

U S NUCLEAR REGULATORY
VENDOR NAME

STURDY MEMORIAL HOSPITAL
INVOICED TO

VENDOR NO.

CHECK NO. .23924

CHECK DATE 05/23/85

TRANSACTION CODES	INVOICE DATE		INVOICE NO.	INVOICE AMOUNT	DISCOUNT	NET PAYABLE
	CODE	DATE				
1. YOUR INVOICE	05	21	License	\$240.00		\$240.00
2. YOUR CREDIT MEMO						
3. OUR DEBIT MEMO						
4. OUR CREDIT MEMO						\$240.00

REMITTANCE ADVICE