



OUR LADY OF MERCY HOSPITAL • Mariemont

Rowan Hills Drive • Cincinnati, Ohio 45227

July 30, 1984

09 7386 (\$40)  
Check No. 048625 (88)  
Amount/Fee Category 70  
Type of Fee Amend  
Date Check Rec'd 8/29/84  
Received By 10/5/84  
RECEIVED BY LFMB  
Date 9/10/84  
Log Sept 11  
By CPT R/PT  
Orig. To  
Action Compl. CB

Mrs. B. J. Holt  
Materials Licensing Section  
U. S. Nuclear Regulatory Commission  
Region III  
799 Roosevelt Road  
Glen Ellyn, Illinois 60137

Dear Mrs. Holt:

Attached are Forms 313M, Supplements A and B completed by the University of Cincinnati for James Weber, M. D., Radiologist at Our Lady of Mercy Hospital, effective July 16, 1984.

Doctor Weber is to be listed under Groups I, II, and III only, on Our Lady of Mercy Hospital Mariemont and Anderson, License Number 34-15046-01.

Also enclosed is a check in the amount of \$40.00 to cover the fee for this Amendment.

If any further information is required, please contact me either by mail or phone. Telephone Number is (513) 527-5660.

Thank you.

Sincerely yours,

*Roger J. Leinberger RT*

Roger J. Leinberger  
Director, Radiology Services

RJL:dc  
encl.

Reviewed:

*Sister Margaret Schwab, RSM*  
Sister Margaret Schwab, R. S. M.  
Executive Vice President

Addendum:

Check Number 97386 dated August 15, 1984 in the amount of \$40.00 was submitted to you from our Accounting Department, for this Amendment.

RECEIVED  
SEP 04 1984  
REGION III

8512060374 841105  
REG3 LIC30  
34-15046-01 PDR

RJL

SEP 4 1984



Sisters of Mercy • Province of Cincinnati

Control No. 77426

# TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

James L. Weber, M.D.

2. STATE, TERRITORY OR  
COUNTY IN WHICH  
PRACTICE MEDICINE

## 3. CERTIFICATION

SPECIALTY BOARD  
ACATEGORY  
BMONTH AND YEAR CERTIFIED  
C

General Radiology

Nuclear Medicine  
11/12/1982  
5/6/1983Board Certified  
Radiology 6/1/84

## 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	UNIVERSITY OF CINCINNATI HOSPITAL	25 (150)	**
b. RADIATION PROTECTION		9 (20)	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY		5 (10)	
d. RADIATION BIOLOGY		5 (13)	
e. RADIOPHARMACEUTICAL CHEMISTRY		9 (20)	

## 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	1.5 curie per elution (approx)	Univ. of Cincinnati	500 hours Clinical Nuclear Medicine- University of Cincinnati Hospital	generator elution; kit preparations -more than 20 including: Tc-MAA Tc-sulfur colloid Tc-MAA Tc-sulfur colloid Tc-MDP Tc-DTPA Tc-glucoheptonate

Additional clinical lecture and didactic material - 160 hours

\*\* Hours in parenthesis are number of hours estimated by James Weber, M. D.

## 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

James L. Weber, M.D.

## STREET ADDRESS

231 Klotter

Cincinnati, Ohio 45219

## CITY

## STATE

## ZIP CODE

## KEY TO COLUMN C

## PERSONAL PARTICIPATION SHOULD CONSIST OF:

1. Supervised examination of patients to determine the suitability for rad. isotope 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	2	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	5	
	LIVER FUNCTION STUDIES	-	
	FAT ABSORPTION STUDIES	-	
	KIDNEY FUNCTION STUDIES	62	
	IN VITRO STUDIES	-	
OTHER			
I-125	DETECTION OF THROMBOSIS	8	
I-131	THYROID IMAGING	72	
P-32	EYE TUMOR LOCALIZATION	-	
Sr-75	PANCREAS IMAGING	5	
Yb-169	CISTERNOGRAPHY	9	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	82	
OTHER			
Tc-99m	BRAIN IMAGING	102	
	CARDIAC IMAGING	66	
	THYROID IMAGING	70	
	SALIVARY GLAND IMAGING	2	
	BLOOD POOL IMAGING	66	
	PLACENTA LOCALIZATION	-	
	LIVER AND SPLEEN IMAGING	350	
	LUNG IMAGING	102	
	BONE IMAGING	320	
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	-	
	TREATMENT OF HYPERTHYROIDISM	2	
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	More than 10	
Sn-113/ In-113m	GENERATOR	-	
Tc-99m	REAGENT KITS	More than 20	
Other:			
In-111	Cisternography	5	
In-111	White blood cell labeling	24	
Cr-51	Red cell volume and survival	1	
Fe-59	Iron turnover study	1	

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

November-December, 1982 / May-June, 1983

665 clinical hours received concurrently in a three month program

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

### A. NAME OF SUPERVISOR

Edward B. Silberstein, M.D.

### B. NAME OF INSTITUTION

University of Cincinnati Medical Center

E.L. Saenger Radioisotope Laboratory

Mail Location 577

Cincinnati, Ohio 45267

IF CITY

## 5. PRECEPTOR'S SIGNATURE

*Edward B. Silberstein*

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

Edward B. Silberstein, M.D.  
Professor of Radiology and Medicine

## 7. DATE

7/23/84

## 8. MATERIALS LICENSE NUMBER(S)

34-06903-05

FORM 100-313A SUPPLEMENT B

(78)

## (I.F.) MATERIALS DATA INPUT—INDUSTRIAL, MEDICAL, SOURCE/SPECIAL NUCLEAR

## A. TYPE OF ACTION AND IDENTIFICATION CODES

<input type="checkbox"/> NEW LICENSE	<input type="checkbox"/> AMENDMENT TO RENEW LICENSE	<input type="checkbox"/> AMENDMENT TO TERMINATE	<input type="checkbox"/> VOID	DOCKET NUMBER	MAIL CONTROL NUMBER	CHANGE NAME/ADDRESS ("X" box)
<input type="checkbox"/> NEW LICENSE AND NEW LICENSEE	<input checked="" type="checkbox"/> OTHER AMENDMENT	<input checked="" type="checkbox"/> CCL/CLL CHANGE NO AMENDMENT	<input checked="" type="checkbox"/> 4	030-08482	77326	<input type="checkbox"/>

## B. INDICATIVE INFORMATION

INDIVIDUAL LICENSEES	NAME (Last, First, Middle)	NAME (Last, First, Middle)			
	NAME (Last, First, Middle)	NAME (Last, First, Middle)			
	NAME (Last, First, Middle)	NAME (Last, First, Middle)			
ORGANIZATION	ORGANIZATION NAME (Alphabetic Sequence) <b>Our Lady of Mercy Hospital</b>				
LICENSEES	DEPARTMENT OR BUREAU				
ADDRESS	BUILDING, STREET <b>Rowan Hills Drive Mariemont</b>	CITY <b>Cincinnati</b>			
	STATE <b>OH</b>	ZIP CODE <b>45227</b>			
TYPE OF APPLICANT	<input type="checkbox"/> U.S. GOVERNMENT AGENCY	DATE REQUEST RECEIVED	INSTITUTION CODE	PENDING PROG. CODE	ACTUAL PROG. CODE
	<input checked="" type="checkbox"/> INDIVIDUAL LICENSEE	<b>8/6/84</b>	<b>15046</b>		
	<input type="checkbox"/> ORGANIZATIONAL LICENSEE				
SECONDARY PROGRAM CODES (As required)					
#1		#2	#3	#4	#5
LICENSE NUMBER <b>34-15046-01</b>		DATE LICENSE ISSUED OR ACTION COMPLETED		EXPIRATION DATE	
APPLICANT'S COMMUNICATION DATED		CLASSIFICATION	ASSIGNED TO	RESULTING AMENDMENT NUMBER	

ENCLOSURES

UNCLASSIFIED DESCRIPTION

DISTRIBUTION

## OTHER REFERRALS

NAME	DATE	NAME	DATE