

# FGH

Certified  
Radiation  
Physicists

Fields, Griffith, Hubbard  
and Associates, Inc.

2367 Oak Hill Drive  
Lisle, Illinois 60532  
(312) 964-6190

August 21, 1985

Bruce Mallett, PhD  
Materials Licensing Section  
U. S. Nuclear Regulatory Commission  
Region III  
799 Roosevelt Road  
Glen Ellyn, IL 60137

Subject: License amendment to License No. 12-17278-01

Dear Dr. Mallett:

It is requested that a license amendment be issued to Mary Thompson Hospital, NRC License number 12-17278-01 to include Dr. Luis R. Garcia, M.D. as licensed to use radioactive material. His preceptor statement is included to for you review. In addition it is requested that you grant permission to use R. S. Landauer or Siemens film badges for personnel monitoring of personnel at the hospital.

I understand that the hospital has already sent in the money to cover the amendaent and that the money has been processed by you.

Thank you for your time and effort. If there are questions please contact me.

Respectfully,

*M. V. Broadbent, PhD*

M. V. Broadbent, PhD, MACR

RECEIVED

\*85 SEP -9 A10:40

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

Applicant Sept 12<sup>th</sup>  
Check No. 22836  
Amount/Fee Category \$120 (7C)  
Type of Fee Amendment  
Date Check Rec'd 9/9  
Received By sk / Cog 9/14/85

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SEP 03 1985

REGION III

8510040206 850913  
REG3 LIC30  
12-17278-01 PDR

CONTROL NO. 7 9677

SEP 3 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

Luis Rey Garcia, M.D.

STREET ADDRESS

1441 West Olive Ave.

CITY

Chicago

STATE

IL

ZIP CODE

60660

## 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		
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME		
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES	25	
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS	45	
I-131	THYROID IMAGING		
P-32	EYE TUMOR LOCALIZATION		
Sr-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	75	
OTHER			
Tc-99m	BRAIN IMAGING	20	
	CARDIAC IMAGING	180	
	THYROID IMAGING		
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING		
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	300	
	LUNG IMAGING	75	
OTHER	BONE IMAGING	250	

# 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 (Sakurbe)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
P-32 (Colloid)	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		
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS		
Other			

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING  
 July 1, 1981 through June 30, 1985 residency in diagnostic radiology  
 rotation through nuclear medicine Aug 81, Sept 81, and Jan 82.  
 A total of 520 hours spent in Nuclear Medicine

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

a. NAME OF SUPERVISOR

Vincent Lopez-Majano

b. NAME OF INSTITUTION

Cook County Hospital

c. MAILING ADDRESS

1825 West Harrison St.

d. CITY

Chicago, IL 60612

5. MATERIALS LICENSE NUMBER(S)

12-00010-01 & 12-00010-05

6. PRECEPTOR'S SIGNATURE

Vincent Lopez-Majano

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

Vincent Lopez-Majano

8. DATE

7/19/85

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

## 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

Luis Rey Garcia, M.D.

STREET ADDRESS

1441 West Olive Ave.

CITY

Chicago

STATE

IL

ZIP CODE

60660

## 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

EDUCATION, 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	40		
	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	40		
P-32	EYE TUMOR LOCALIZATION			
Sr-75	PANCREAS IMAGING			
Yb-169	CISTERNOGRAPHY			
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES			
OTHER				
Tc-99m	BRAIN IMAGING	15		
	CARDIAC IMAGING			
	THYROID IMAGING			
	SALIVARY GLAND IMAGING			
	BLOOD POOL IMAGING			
	PLACENTA LOCALIZATION			
	LIVER AND SPLEEN IMAGING			
	LUNG IMAGING			
	BONE IMAGING			
OTHER				

# PRECEPTOR STATEMENT (Continued)

## 2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

ISOTOPE	CONDITIONS DIAGNOSED OR TREATED	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.)
A	B	C	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		
Sr-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS		
Other			

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

July 1, 1981 through June 30, 1985 residency in diagnostic radiology rotation through Endocrinology May 83. A total of 160 hours.

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

#### a. NAME OF SUPERVISOR

C. R. Kannan, M.D.

#### b. NAME OF INSTITUTION

Cook County Hospital

#### c. MAILING ADDRESS

1825 West Harrison St.

#### d. CITY

Chicago, IL 60612

### 5. MATERIALS LICENSE NUMBER(S)

12-00010-01 & 12-00010-05

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

### 6. PRECEPTOR'S SIGNATURE

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

C. R. Kannan, M.D.

### 8. DATE

7/10/85

TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

Luis Rey Garcia, M.D.

2. STATE OR TERRITORY IN  
WHICH LICENSED TO  
PRACTICE MEDICINE

## 3. CERTIFICATION

SPECIALTY BOARD  
ACATEGORY  
BMONTH AND YEAR CERTIFIED  
C

## 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	Cook County Hospital July 1, 1981 throu June 30,85	100	
b. RADIATION PROTECTION	Cook County Hospital July 1, 1981 throu June 30,85	50	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	Cook County Hospital July 1, 1981 throu June 30,85	70	
d. RADIATION BIOLOGY	Cook County Hospital July 1, 1981 throu June 30,85	60	
e. RADIOPHARMACEUTICAL CHEMISTRY	Cook County Hospital July 1, 1981 throu June 30,85	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
$^{99m}\text{Tc}$	5 Ci	Cook County Hospital	July 1,81 throu 6/30/85	Scanning/Imaging
$^{67}\text{Ga}$	120 mCi	" " "	"	" Imaging
$^{133}\text{Xe}$	1.5 Ci	" " "	"	" Imaging
$^{131}\text{I}$	3 mCi	" " "	"	" Imaging
$^{125}\text{I}$	4 mCi	" " "	"	" Function