



BRIDGEPORT HOSPITAL

a community resource

267 GRANT STREET • BRIDGEPORT, CONNECTICUT 06602

FRANK S. CRANE, III
Executive Vice President

MS-12
P2

April 26, 1983

Mr. Michael Varela
U.S. Nuclear Regulatory Commission
Region I
Material Program Section No. 2
631 Park Avenue
King of Prussia, Pennsylvania 19406

Dear Mr. Varela:

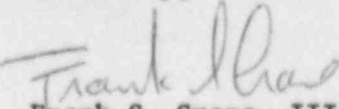
We recently submitted an application to you to amend Bridgeport Hospital's Materials License No. 06-01060-01. In this application, we stated our desire to purchase and use a J.L. Shepherd Model 28-5A beam calibrator. As per a telephone conversation between you and J. Bond on April 26, 1983, this model number is not listed as being approved with your agency. Upon contacting J.L. Shepherd, we were informed that the model number we supplied was an old number, and that the correct current model number is 28-5. Our original letter should be so modified. All other information provided for this calibrator is accurate.

We would like to take this opportunity to add one more item to the amendment application currently under review. We wish to include Charles I. Heller, M.D., on the hospital's license as an authorized user of Iodine-131 for treatment of hyperthyroidism. Dr. Heller is already included as an authorized user of Groups I, II, and III materials and uses, as well as Xenon-133. Please refer to the hospital's current license for information regarding his general training in the use of radioisotopes. A preceptor statement indicating the required clinical training in the specific therapy procedures is attached.

Because of this new item being included in our original amendment application, it is our understanding that a new amendment fee of \$40 is not required. If any additional information is required, please do not hesitate to contact us.

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Sincerely,


Frank S. Crane, III
President

FSC:dmp
Attachment

01293

JUL 06 1983

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			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.
FULL NAME			
Charles I. Heller, M.D.			
STREET ADDRESS			
Bridgeport Hospital 267 Grant Street			
CITY	STATE	ZIP CODE	
Bridgeport	Ct.	06602	

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		
	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		
	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 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		Cases performed during period 1975 - 1983 (list available upon request)
P-32 (Colloidal)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM	10	
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
	TELE THERAPY TREATMENT		
Cs-60 or Cs-137	TELE THERAPY 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

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

a. NAME OF SUPERVISOR

John A. Creatura, M.D.

b. NAME OF INSTITUTION

Bridgeport Hospital

c. MAILING ADDRESS

267 Grant St.

d. CITY

Bridgeport, Ct. 06602

5. MATERIALS LICENSE NUMBER(S)

06-01060-01

6. PRECEPTOR'S SIGNATURE

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

John A. Creatura, M.D.

8. DATE

June 30, 1983