

Worthington Regional Hospital
1018 Sixth Avenue
Worthington, Minnesota 56187

August 12, 1985

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

EX 7C 120.11(a)(a)
FEE EXEMPT #14

Re: Amendment to license #22-15169-01

Gentlemen:

We request amendment to our byproduct material license #22-15169-01 to add Dan M. Mulholland, M.D. as a physician user of all radioactive materials listed on our license for which he is qualified. Records of Dr. Mulholland's training and experience are attached.

At the same time, we also ask that the name of J.F. Barlow, M.D. be deleted from our license.

We understand that since our hospital is classified as a city hospital, the NRC amendment processing fee will not need to be submitted.

Thank you for your attention to this matter and we look forward to receiving this amendment.

Sincerely,

David Gehant

David Gehant, Administrator

8511180111 851010
REG3 LIC30
22-15169-01 PDR

RECEIVED BY LFMB	
Date	9/9/85
Log	Spt 8 III
By	[Signature]
Orig. To	[Signature]
Action Compl.	9/10/85

RECEIVED
AUG 29 1985
REGION III

Rec'd LFMB
9/9/85

CONTROL NO. 79660 AUG 29 1985

TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER Dan M. Mulholland, M.D.		2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE Minnesota		
3. CERTIFICATION				
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C		
American Board of Radiology	Radiology	in process		
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	Mallinckrodt Institute 510 South Kingshighway St. Louis, MO 63110	100		
b. RADIATION PROTECTION	7-1-81 to 6-30-85 as part of an integrated diagnostic radiologic prog. "	30		
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	"	20		
d. RADIATION BIOLOGY	"	20		
e. RADIOPHARMACEUTICAL CHEMISTRY	"	30		
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	25 mCi	Mallinckrodt Institute St. Louis, MO	7 months	Diagnostic
I-131	50 mCi	"	"	Therapeutic
I-123	500 µCi	"	"	Diagnostic
Xe-133	30 mCi	"	"	"
Ga-67	6 mCi	"	"	"
Tl-201	3 mCi	"	"	"

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			
Dan M. Mulholland, M.D.			
STREET ADDRESS			
1410 Oak Beach Drive			
CITY	STATE	ZIP CODE	
Fairmont	Minn.	56031	

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	12	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	6	
	LIVER FUNCTION STUDIES	-	
	FAT ABSORPTION STUDIES	-	
	KIDNEY FUNCTION STUDIES	26	
	IN VITRO STUDIES	-	
OTHER			
I-125	DETECTION OF THROMBOSIS	-	
I-131	THYROID IMAGING	11	
P-32	EYE TUMOR LOCALIZATION	-	
Sr-75	PANCREAS IMAGING	-	
Yb-169	CISTERNOGRAPHY	-	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	134	
OTHER			
Tc-99m	BRAIN IMAGING	14	
	CARDIAC IMAGING	28	
	THYROID IMAGING	44	
	SALIVARY GLAND IMAGING	3	
	BLOOD POOL IMAGING	135	
	PLACENTA LOCALIZATION	-	
	LIVER AND SPLEEN IMAGING	74	
	LUNG IMAGING	155	
	BONE IMAGING	210	
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	10	
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	5	
Sn-113/ In-113m	GENERATOR	-	
Tc-99m	REAGENT KITS	5	
Other Tc-99m	Disofenin	8	
Ga-67	Inflammatory & Tumor Imaging	13	
Tl-201	Myocardial Perfusion Imaging	111	
Co-57	Schilling Test	7	
Co-58	Schilling Test	7	
Cr-51	Red Blood Cell Labeling	6	
I-123	Thyroid Function & Imaging	3	
In-111	Cisternography	4	

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

5-31-82 to 6-30-82; 8-30-82 to 9-12-82; 4-11-83 to 5-8-83; 8-1-83 to 8-28-83; 11-21-83 to 12-18-83; 1-16-84 to 3-11-84; and 3-11-85 to 4-7-85 (1232 hours) as part of an integrated four-year program in Diagnostic Radiology from 7-1-81 to 6-30-85.

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

a. NAME OF SUPERVISOR

Barry A. Siegel, M.D.

b. NAME OF INSTITUTION

Mailinckrodt Institute of Radiology

c. MAILING ADDRESS

510 South Kingshighway

d. CITY

St. Louis, MO 63110

5. MATERIALS LICENSE NUMBER(S)

24-00167-11

6. PRECEPTOR'S SIGNATURE

Barry A. Siegel, M.D.

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

Barry A. Siegel, M.D.

8. DATE

8-13-85