

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

Gentlemen:

Applicant	July 8 <sup>th</sup>
Check No.	48163
Amount	\$580.75
Type	Ren
Date	2/18/85
Received By	cap

Please renew our by-product materials license number 13-00418-02, with the exception of the following items: Licensed material will continue to be processed and used in accordance with statements, representation, and procedures contained in our last application dated January 28, 1975, letter dated September 26, 1975, letter received August 8, 1977, letter dated December 14, 1977, letter dated November 12, 1984, and letter sent the week of May 20, 1985 (pending amendment request):

1. Delete Steve C. Cuff, M.D. as an approved user.
2. Enclosed is an updated list of instrumentation (item number 9 of application).
3. Enclosed is an updated list of the members of the Radiation Safety Committee, (item number 7 of application).
4. Add Gd-153 (Possession limit - 2 curies) and I-125 (Possession limit 500 millicuries) as sealed sources for use in dual-photon and single photon bone mineral analysis scanning systems, respectively. Documentation of appropriate training by the manufacturer of these devices will be maintained.
5. Add authorization for use of I-131 as Iodide for treatment of hyperthyroidism and cardiac dysfunction by Stephen Phillipp, M.D., Marc Thomas, M.D., Richard Bauman, M.D., and John Pasalich, M.D. Enclosed are preceptor forms for each of these physicians.

Enclosed is a check for \$580, as requested by 10 CFR 170.12.

Any questions regarding this renewal application should be addressed to John Helmer, Supervisor of Nuclear Medicine, phone number, (219) 425-3977.

Sincerely,

*Lee Jaeger*  
Lee Jaeger

Assistant Administrator

cg 8511180184 851011  
REG3 LIC30  
13-00418-02 PDR

RECEIVED

JUL 01 1985

REGION III

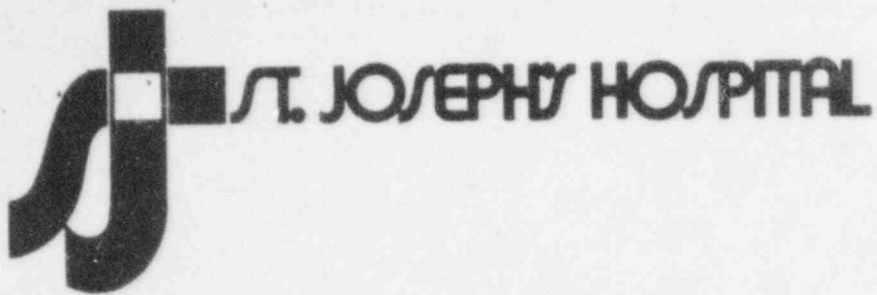
JUL 1 1985



700 BROADWAY • FORT WAYNE • INDIANA 46802 • (219) 425-3000

AN EQUAL OPPORTUNITY EMPLOYER

CONTROL NO. 7 926 5



ST. JOSEPH'S HOSPITAL - FT. WAYNE, INDIANA

Nuclear Medicine Instrumentation

SURVEY METERS

1. Picker Survey Meter  
Model - 655-186 Serial 248
2. Ludlum Model #177 - Area Room Monitor

IMAGING SYSTEMS

1. Picker Dyna Camera Series V
2. General Electric Maxi-Camera 37
3. ADAC System III Computer System

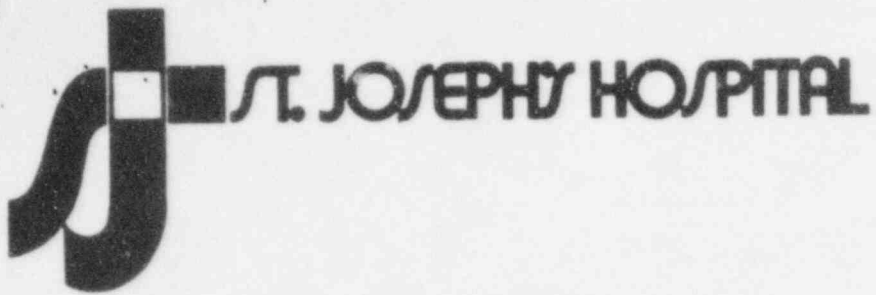
THE FOLLOWING SYSTEMS ARE ON ORDER:

1. Siemens ZLC 7500 Camera System
2. Siemens LEM Portable Camera
3. ADAC 33,000 Computer System
4. ADAC 3300 Micro Computer System

OTHER

1. Atomic Products Thyroid Uptake System
2. Atomic Products Corporation  
Pulmonex Xenon System  
Model 130-500





ST. JOSEPH'S HOSPITAL - FORT WAYNE, INDIANA

Nuclear Medicine Committee Members

John Pasalich, M.D. - Radiologist  
Richard Bauman, M.D. - Radiologist  
Peter Casey, M.D. - Pathologist  
John Crawford, M.D. - Oncologist  
Fouad Halaby, M.D. - Radiologist  
John McCallister, M.D. - Surgeon  
Stephen Phillipp, M.D. - Radiologist  
David Sorg, M.D. - Internal Medicine  
Marc Thomas, M.D. - Radiologist  
Irene Spindler - Administrative Assistant  
Sandy Seibert - Director of Radiology  
John Helmer - Supervisor of Nuclear Medicine  
Donald Rumschlag - Manager of Laboratory  
Mary Jane Shank, R.N. - Director of Critical Care  
Mary Ellen Luther - Director, Quality Review

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AN EQUAL OPPORTUNITY EMPLOYER

CONTROL NO. 7 926 0

## 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
FULL NAME MARC THOMAS MD			<b>PERSONAL PARTICIPATION SHOULD CONSIST OF:</b> 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.
STREET ADDRESS 700 BROADWAY			
CITY FORT WAYNE	STATE IN	ZIP CODE 46802	
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		*NOTE: Five additional studies were performed at Letterman Army Medical Center, San Francisco, CA 94129.
P-32 (Colloidal)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM	15	
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
	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

ST JOSEPH HOSPITAL August 1983 to Present.

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

a. NAME OF SUPERVISOR

FOUAD A HALABY MD

b. NAME OF INSTITUTION

ST JOSEPH HOSPITAL

c. MAILING ADDRESS

700 BROADWAY

d. CITY

FORT WAYNE IN 46802

## 5. MATERIALS LICENSE NUMBER(S)

13-00418-02

## 6. PRECEPTOR'S SIGNATURE

*Fouad A Halaby MD*

PRECEPTOR'S NAME (Please type or print)

FOUAD A HALABY MD

## 8. DATE

6-26-85

## 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:
FULL NAME  John Pasalich MD		
STREET ADDRESS  700 BROADWAY FORT WAYNE IN 46802		
CITY	STATE	ZIP CODE

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		
	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		
P-32 (Colloidal)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM	20	
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

ST JOSEPH HOSPITAL July 1975 To Present

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

a. NAME OF SUPERVISOR

FOUAD A HALABY MD

b. NAME OF INSTITUTION

ST JOSEPH HOSPITAL

c. MAILING ADDRESS

700 BROADWAY

d. CITY

FORT WAYNE IN 46802

5. MATERIALS LICENSE NUMBER(S)

13-00418-02

6. PRECEPTOR'S SIGNATURE

*Fouad A Halaby MD*

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

FOUAD A HALABY MD

8. DATE

6-26-85



## 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
FULL NAME STEPHEN PHILLIPP MD			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.
STREET ADDRESS 700 BROADWAY			
CITY FORT WAYNE	STATE IN	ZIP CODE 46802	

## 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		
P-32 (Colloidal)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM	18	
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		
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

June 1980 To Present

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

a. NAME OF SUPERVISOR

FOUAD A HALABY MD

b. NAME OF INSTITUTION

700 BROADWAY

c. MAILING ADDRESS

FORT WAYNE IN 46802

d. CITY

## 5. MATERIALS LICENSE NUMBER(S)

13-00418-02

## 6. PRECEPTOR'S SIGNATURE

*Fouad A Halaby MD*

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

FOUAD A HALABY MD

## 8. DATE

6-26-85

## 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

RICHARD BAUMAN MD

STREET ADDRESS

700 BROADWAY

CITY

FORT WAYNE

STATE

IN

ZIP CODE

46802

## 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		
	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		
P-32 (Colloidal)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM	24	
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 1969 To Present

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

a. NAME OF SUPERVISOR

FOUAD A HALABY MD

b. NAME OF INSTITUTION

ST JOSEPH HOSPITAL

c. MAILING ADDRESS

700 BROADWAY

d. CITY

FORT WAYNE IN 46802

5. MATERIALS LICENSE NUMBER(S)

13-00418-02

## 6. PRECEPTOR'S SIGNATURE

*Fouad A Halaby MD*

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

FOUAD A HALABY MD

8. DATE

6-25-85