

IRON COUNTY GENERAL HOSPITAL

ICE LAKE ROAD

IRON RIVER, MICHIGAN 49935

August 13, 1985

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

Re: Amendment to our NRC Radioactive Materials License #21-18586-01

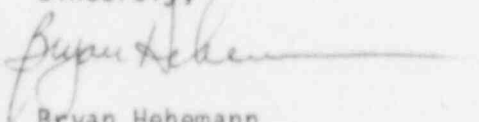
Gentlemen:

We request amendment to our NRC Radioactive Materials License #21-18586-01 for the following:

Add: Armand J. Verde, M.D. as a physician user for Groups I, II, and III.
Attached are training and preceptor statements for Dr. Verde.

We trust the information contained herein is sufficient to grant our request for amendment and look forward to receipt of that document.

Sincerely,



Bryan Hehemann
Administrator

:amw

U.S. NRC
LIC. FEE MGMT. BRANCH

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8511180237 850827
REG3 LIC30
21-18586-01 PDR

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AUG 19 1985

REGION III

RECEIVED BY LFMB

Date 8/29
Log. Dept 3A III
By GGP
Orig. To R. F. H.
Action Compl. [Signature]

AUG 19 1985

170.11(a)(a)-#13
FEE EXEMPT EX

CONTROL NO. 7 9 5 8 8

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

Armand J. Verde, M.D.

2. STATE OR TERRITORY IN
WHICH LICENSED TO
PRACTICE MEDICINE

MICHIGAN

3. CERTIFICATION

SPECIALTY BOARD
A

CATEGORY
B

MONTH 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	Wayne State University - Detroit Medical Center (Harper-Grace Hospitals)	120	
b. RADIATION PROTECTION	as above	10	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	as above	60	
d. RADIATION BIOLOGY	as above	15	
e. RADIOPHARMACEUTICAL CISTRY	as above	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-sulfur colloid	4 mCi	Wayne State Univ.- Detroit Medical Center (Harper-Grace Hospitals)	4 months	Diagnosis and Therapy
Tc-DTPA	20 mCi			
I-131 Hippuran	150 uCi			
Tc-IDA	5 mCi			
Tc-MAP	4 mCi			
Xe-133	30 mCi			
I-123	250 uCi			
Ga-67	5 mCi			

Thallium-201 2 mCi

In-111 1 mCi

Tc-Medronate 20 mCi

Tc-pertechnetate 10 mCi

Tc-pyrophosphate 25 mCi

Tc-glucaptate 20 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

FULL NAME

Armand J. Verde, M.D.

STREET ADDRESS

1 Lafayette Plaisance, Apt. 412

CITY

Detroit,

STATE

MI

ZIP CODE

48207

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	22	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	1	
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES	19	
	IN VITRO STUDIES		
OTHER	Liver Function Studies	33	
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING	35	
P-32	EYE TUMOR LOCALIZATION		
Sr-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY	20	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	31	
OTHER	Kidney Imaging DTPA	20	
Tc-99m	BRAIN IMAGING	47	
	CARDIAC IMAGING	26	
	THYROID IMAGING		
	SALIVARY GLAND IMAGING	2	
	BLOOD POOL IMAGING		
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	166	
	LUNG IMAGING	68	
	BONE IMAGING	414	
OTHER	Cardiac Function MUGA	76	

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		
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
	TELETHERAPY TREATMENT		
Co-60 or Cs-137	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	12	
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	10	
Other			
Ga-67	Soft Tissue Imaging	75	
Tl-201	Cardiac-Thallium	61	

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

January 1, 1983 - March 31, 1983

Total = 500 hours

January 1, 1985 - January 31, 1985

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

a. NAME OF SUPERVISOR

Jaroslav Muz, M.D.

b. NAME OF INSTITUTION

Harper-Grace Hospitals

c. MAILING ADDRESS

3990 John R

d. CITY

Detroit, MI 48201

5. MATERIALS LICENSE NUMBER(S)

6. PRECEPTOR'S SIGNATURE

Jaroslav Muz
Jaroslav Muz, M.D.

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

Jaroslav Muz, M.D.

8. DATE

6-12-85