

ASSOCIATES IN RADIOLOGY, INC.

DIAGNOSTIC RADIOLOGY — NUCLEAR MEDICINE — DIAGNOSTIC ULTRASOUND

HITCHCOCK CENTER - 1027 BOARDMAN-CANFIELD ROAD - YOUNGSTOWN, OHIO 44512

Doctor's Office: 758-0851 — Business Office: 758-8353

J. C. Meinick, M.D.
A. Hafiz, M.D.
L. E. Slusher, M.D.
R. W. Jackson, M.D.
V. A. Ravai, M.D.
B. N. Krishnasetty, M.D.

June 19, 1985

Mr. John Madera
799 Roosevelt Road
Glenellyn, Illinois 60137

Associates In Radiology, Inc.
1027 Boardman-Canfield Road
Youngstown, Ohio 44512
License Number: 34-16621-01

Dear Mr. Madera:

This is the additional information requested in reference to our ammendment. Our control number for this is 78939.

Please contact me if any additional information is requested.

Sincerely,

Janet Sainato Rt.

Janet Sainato, R.T.
Associates In Radiology, Inc.
1027 Boardman-Canfield Road
Youngstown, Ohio 44512
(216) 758-0851

JS:rd

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

U. S. NUCLEAR REGULATORY COMMISSION

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 Vikram A. Raval, M.D.		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 1027 Boardman-Canfield Road			
CITY Youngstown	STATE Ohio		
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		Vikram A. Raval, M.D. received his training in I131 Hyperthyroid Treatment between the years of June, 1973 through June, 1976. These cases are kept on file at South Side Hospital.
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 or Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR		
Sr-90/ Y-90	GENERATOR		
Tc-99m	REAGENT KITS		
Other			
3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING			
From June, 1973 through June, 1976, Dr. Raval received at least 480 hours of clinical radioisotope training.			
4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:		5. PRECEPTOR'S SIGNATURE	
a. NAME OF SUPERVISOR		X <i>John C. Melnick, M.D.</i>	
John C. Melnick, M.D.			
b. NAME OF INSTITUTION		7. PRECEPTOR'S NAME (Please type or print)	
Youngstown Hospital Association-South Unit		John C. Melnick, M.D.	
c. MAILING ADDRESS		8. DATE	
345 Oak Hill Avenue			
d. CITY		June 19, 1985	
Youngstown, Ohio 44502			
6. MATERIALS LICENSE NUMBER(S)			
34-01026-01			

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

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(8-78)

U. S. NUCLEAR REGULATORY COMMISSION

PRECEPTOR STATEMENT

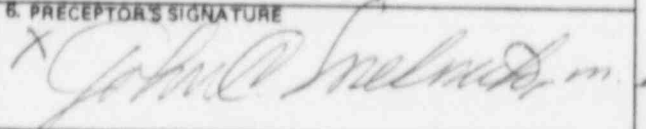
Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

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		
Abdul Hafiz, M.D.		
STREET ADDRESS		
1027 Boardman-Canfield Road		
CITY	STATE	ZIP CODE
Youngstown	Ohio	44512

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		
OTHER	BONE IMAGING		

FORM NRC-313M-SUPPLEMENT B
(3-78)

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		Abdul Hafiz, M.D., received his training in I131 Hyperthyroid Treatment and P32 between the years of January, 1963 through December, 1967. These cases are kept on file at South Side Hospital.
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		
	TELETHERAPY TREATMENT		
Co-60 or Cs-137	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR		
Sr-90/ Y-90	GENERATOR		
Tc-99m	REAGENT KITS		
Other P32	Treatment of Polycytermia vera	at least 4	
3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING From January, 1963 through December, 1967, Dr. Hafiz received at least 1120 hours of clinical radioisotope training.			
4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:		5. PRECEPTOR'S SIGNATURE 	
a. NAME OF SUPERVISOR John C. Melnick, M.D.		7. PRECEPTOR'S NAME (Please type or print) John C. Melnick, M.D.	
b. NAME OF INSTITUTION Youngstown Hospital Association-South Unit		8. DATE June 19, 1985	
c. MAILING ADDRESS 345 Oak Hill Avenue			
d. CITY Youngstown, Ohio 44502			
5. MATERIALS LICENSE NUMBER(S)			

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