



JOHNSON COUNTY MEMORIAL HOSPITAL

P.O. Box 549

Franklin, Indiana 46131

(317) 736-3300

August 12, 1985

Materials Licensing Section
Region Number Three
Nuclear Regulatory Commission
799 Roosevelt Rd.
Glen Ellyn, Illinois 60137

Returned
Application *Returned*
7061.800 (\$230)
Amount Fee Category *and*
Type of Fee *EX7C*
Date Check Received *9/16/85*
Received By *CP*

This letter is a request to amend the NRC license issued to Johnson County Memorial Hospital, 1125 W. Jefferson Street, Franklin, IN 46131

The following references are made to license #13-14817-01 dated December 10, 1982, scheduled to expire December 31, 1987.

1. In reference to Part 8C please reduce the maximum amount we may possess at any time to 200uci. The anticipated procedures and limits are listed on exhibit A.

We will abide by the rules and regulations outlined in Section 31.11 (a) of 10 CFR 31.

2. In reference to Condition 12 please delete users, William M. Waymire, M.D., and Mary L. Foster, M.D.

Please add
Richard T. Buck, M.D. Please see attached Preceptor Statement (exhibit B)

3. Check attached for \$230.00 as indicated in Part 170.31, 3G.

Gwynn Christie

Gwynn Christie
Administrative Director

GC/cjw

170.11(a)(4) #13
FEE EXEMPT *EX 7C*

RECEIVED BY LFMB
Date *9/16*
Log *SEP 16 1985*
By *CP*
Orig. To *CP*
Action Compl. *CP*

RECEIVED
SEP 09 1985
REGION III
SEP 9 1985

LAMB
SEP 16 1985
8512310405 851125
REG3 LIC30
13-14817-01 PDR

CONTROL NO. 79723

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

| | | | | |
|--|--|---|--|-------------|
| 1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER Richard T. Buck | | 2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE Ind. | | |
| 3. CERTIFICATION | | | | |
| SPECIALTY BOARD A | CATEGORY B | MONTH AND YEAR CERTIFIED C | | |
| Internal Medicine Radiology Nuclear Medicine | Certified Eligible Eligible | 9/81 taking exam 6/86 taking exam 9/85 | | |
| 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 | Indiana University Medical Center, 1981-]985 | 50 | 400 | |
| b. RADIATION PROTECTION | " | 20 | 40 | |
| c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY | " | 20 | 40 | |
| d. RADIATION BIOLOGY | " | 20 | 80 | |
| e. RADIOPHARMACEUTICAL CHEMISTRY | " | 30 | 50 | |
| 5. EXPERIENCE WITH RADIATION, (Actual use of Radioisotopes or Equivalent Experience) | | | | |
| ISOTOPE | MAXIMUM AMOUNT | WHERE EXPERIENCE WAS GAINED | DURATION OF EXPERIENCE | TYPE OF USE |
| I-131 | 105 mCi. | I.U.M.C. | 18 months | Therapeutic |
| In-111 | 1.0 mCi. | " | " | Diagnostic |
| Tc-99m | 30 mCi. | " | " | " |
| I-123 | .465 mCi. | " | " | " |
| Ga-67 | 5.4 mCi. | " | " | " |
| P-32 | 4 mCi. | " | " | Therapeutic |

NRC FORM 313M SUPPLEMENT B
(9-81)

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 | | |
| Richard T. Buck | | |
| STREET ADDRESS | | |
| 9114 Apple Valley Road | | |
| CITY | STATE | ZIP CODE |
| Indianapolis, Ind. | | 46227 |

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 | 2094 | including I-123 |
| | DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME | 15 | |
| | LIVER FUNCTION STUDIES | | |
| | FAT ABSORPTION STUDIES | | |
| | KIDNEY FUNCTION STUDIES | | |
| | IN VITRO STUDIES | | |
| OTHER | | | |
| I-125 | DETECTION OF THROMBOSIS | | |
| I-131 | THYROID IMAGING | 138 | |
| P-32 | EYE TUMOR LOCALIZATION | | |
| Se-75 | PANCREAS IMAGING | 6 | |
| Yb-169 | CISTERNOGRAPHY | | |
| Xe-133 | BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES | 98 | |
| OTHER | | | |
| Tc-99m | BRAIN IMAGING | 45 | |
| | CARDIAC IMAGING | 467 | |
| | THYROID IMAGING | 35 | |
| | SALIVARY GLAND IMAGING | | |
| | BLOOD POOL IMAGING | 24 | |
| | PLACENTA LOCALIZATION | | |
| | LIVER AND SPLEEN IMAGING | 225 | |
| | LUNG IMAGING | 105 | |
| | BONE IMAGING | 462 | |
| OTHER | Renal Imaging | 381 | |

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 | 5 | |
| P-32 (Colloidal) | INTRACAVITARY TREATMENT | | |
| I-131 | TREATMENT OF THYROID CARCINOMA | 11 | |
| | TREATMENT OF HYPERTHYROIDISM | 26 | |
| 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 | 15 | |
| Sn-113/ In-113m | GENERATOR | | |
| Tc-99m | REAGENT KITS | 20 | |
| Other | In-111 White Blood Cells Ga-67 | 25 59 | |

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

6/82, 10/82, 5/83, 2-4/84, 7/1/84-6/30/85. Total Number of Hours-3020

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

| | |
|--------------------------------|-----------------------------------|
| a. NAME OF SUPERVISOR | Henry N. Wellman, M.D. |
| b. NAME OF INSTITUTION | Indiana University Medical Center |
| c. MAILING ADDRESS | 926 W. Michigan St. |
| d. CITY | Indianapolis, Ind. 46223 |
| e. MATERIALS LICENSE NUMBER(S) | 13-02752-03 |

5. PRECEPTOR'S SIGNATURE

Henry N. Wellman

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

Henry N. Wellman M.D.

8. DATE

28 June 1985

August 12, 1985

EXHIBIT A

PART 8C

| PROCEDURE | ISOTOPE | | LIMIT |
|-----------|---------|-------------|-------|
| T3 | I 125 | 5uci. x 2 | 10 |
| T4 | I 125 | 5uci. x 2 | 10 |
| B-12 | I 125 | 3uci. x 1 | 3 |
| Folate | Co 57 | 1.5uci. x 1 | 1.5 |
| Beta HCG | I 125 | 3uci. x 2 | 6.0 |
| | | 3uci. x 1 | 3.0 |
| TSH | | 10uci. x 1 | 10.0 |
| Schilling | | 5uci. x 2 | 10.0 |

CONTROL NO. 79728