

HILLCREST MEDICAL CENTER

UTICA ON THE PARK, TULSA, OKLAHOMA 74104

TELEPHONE: 918 584-1351

July 29, 1985

U.S. Nuclear Regulatory Commission
Region IV
611 Ryan Plaza Drove, Suite 1000
Arlington, Texas 76012

RE: NRC License #~~35~~⁵-09206-03

Please amend our institution license to include Thomas Darius Roberts, M.D. as an individual user. The applicant requests the possession and use of licensed material listed in Groups I,II,III,IV,V and 133Xe for pulmonary ventilation studies.

The applicant confirms that he has reviewed the existing license and will adhere to the provisions, rules and regulations set forth by the NRC.

In support of this request, enclosed are NRC313M-Supplement A and B for your review. Also, please find a check in the amount of \$120.00 for the amendment fee.

Sincerely,



Steven Landgarten M.D.
Vice-President, Medical Affairs
Medical Director, Nuclear Medicine
Hillcrest Medical Center
1120 S. Utica
Tulsa, Ok. 74104

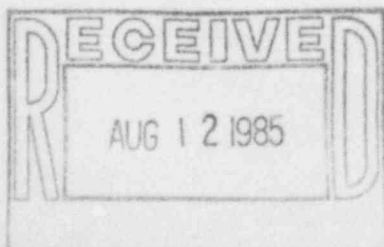
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8511190066 850913
REQ4 LIC30
35-09206-03 PDR

U.S. N.R.C.
LIC. FEE MGMT. BRANCH

85 AUG 19 AM 1:28

RECEIVED



Aug-3-IV

Applicant	003430 / 004327
Check no.	
Amount	\$120.00
Type of fee	Ampl
Date Check Recd	8/21/85
Received By	jcques

check net \$120

460735



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 Thomas Darius Roberts, M.D.			
STREET ADDRESS 3027 Norwood Ave			
CITY Pittsburgh	STATE PA	ZIP CODE 15214	

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	51 (24 hour uptake)	I-123 thyroid imaging 12 I-131 total body imaging 18
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME		
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES	147	
	IN VITRO STUDIES	4380	
OTHER			
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING	24	
P-32	EYE TUMOR LOCALIZATION		
Se-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	123	
OTHER			
Tc-99m	BRAIN IMAGING	15	Cystogram 27 Testicular 9 G.I. Bleed 12 Hepatolite 51 DTPA Renal 147 Venogram 63
	CARDIAC IMAGING	333	
	THYROID IMAGING	84	
	SALIVARY GLAND IMAGING	2	
	BLOOD POOL IMAGING		
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	333	
	LUNG IMAGING	123	
	BONE IMAGING	651	
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	3	
P-32 (Colloidal)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA	6	
	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	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	52	
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	240	
Other	Thallium201 - 114 Indium III - 3 Gallium 67 - 39		

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

One year from 1980 - 1984

Including clinical experience of 40 hours per week full time

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

a. NAME OF SUPERVISOR

Orlando F. Gabriele, M.D.

b. NAME OF INSTITUTION

W.V.U. Hospital

c. MAILING ADDRESS

radiology Department
W.V.U. Hospital

d. CITY

Morgantown, WV 26506

5. MATERIALS LICENSE NUMBER(S)

47-011-63-20 Exp. 1-31-86

6. PRECEPTOR'S SIGNATURE

Orlando F. Gabriele

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

Orlando F. Gabriele, M.D.

8. DATE

6-6-85

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1 NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER Thomas D. Roberts	2 STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE WV, PA
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3. CERTIFICATION

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
American Board of Radiology Special Competency in Nuclear Medicine		

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	W.V.U. Hospital 1980-84	200 hours	one year from 1980-1984
b RADIATION PROTECTION	W.V.U. Hospital 1980-84	40 hours	one year from 1980-1984
c MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	W.V.U. Hospital 1980-84	25 hours	one year from 1980-1984
d RADIATION BIOLOGY	W.V.U. Hospital 1980-84	25 hours	one year from 1980-1984
e RADIOPHARMACEUTICAL CHEMISTRY	W.V.U. Hospital 1980-84	40 hours	one year from 1980-1984

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	1 Ci	W.V.U. Hospital	1 year	DX
I-131	200 mCi	W.V.U. Hospital	1 year	TX
Xe-133	20 mCi	W.V.U. Hospital	1 year	DX
I-123	300 uCi	W.V.U. Hospital	1 year	DX
Tl-201	2.2 mCi	W.V.U. Hospital	1 year	DX
In-111	0.5 mCi	W.V.U. Hospital	1 year	DX
Ga-67	6.6 mCi	W.V.U. Hospital	1 year	DX
I-131	100 uCi	W.V.U. Hospital	1 year	DX