

3249 South Oak Park Ave.
Berwyn, Illinois 60402
(312) 795-9100

Applicant	
Check No.	053709
Amount	\$580.00
Type	Ren
Date Check Rec'd	1/7/85
Received By	[Signature]

MACNEAL
Hospital

December 18, 1984

Bruce Mallett, Ph.D.
Chief, Licensing Section
U.S. Nuclear Regulatory Commission
799 Roosevelt Road
Glen Ellyn, Illinois 60137

RECEIVED BY LFMB	
Date	1/7/85
Log	Jan 5
By	[Signature]
Orig. To	R/TM
Action Compl.	[Signature]

Dear Mr. Mallett:

Reference: 12-09155-01

We request that our by-product material license 12-09155-01 be renewed. Enclosed please find a check for \$580.00 to cover these renewal fees.

There will be no changes from the information submitted in our previous application and subsequent amendments, with the exception of the following:

1. Delete Robert Marshall, M.D., as a user of radioactive materials, on our license.
2. Please add Jorge De la Torre, M.D. and Mark Schiffer, M.D. as users of Groups I through III and Xenon 133. Training and preceptor statements for each of these individuals are enclosed.

Enclosed please find a diagram depicting the new area we wish to utilize as a waste storage area. The existing waste storage area will no longer be utilized. Before the area will be reutilized for other purposes a close out survey will be performed. The close out survey will include a physical survey utilizing a GM survey instrument and wipe tests of various areas which will be analyzed in a scintillation well detector. A decontamination level of any readings exceeding background level will be utilized. The background will be established in a natural background occurring area.

Records of the results of the survey as well as the individual performing the survey will be kept on file for review by regulatory agencies.

8507120589 850614
REG3 LIC30
12-09155-01 PDR

- 1 -

RECEIVED
DEC 28 1984
REGION III



CONTROL NO. 78018

By-Product Material
License Renewal:

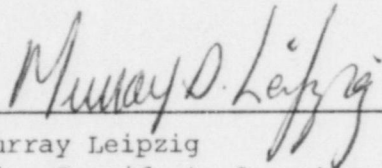
December 18, 1984

Page two

Should you have any questions or require any additional information regarding our renewal request or any future amendment requests, please contact Mr. Ronald D. Edwards, Physicist, Radiation Protection Consultants, 4255 Westbrook Drive, Suite 211, Aurora, Illinois 60505.

Thank you for your cooperation in this matter.

Very truly yours,



Murray Leipzig
Vice President, Operations.

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

85 JAN -7 AMO:17

RECEIVED

CONTROL NO. 78018

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER Schiffer, Mark, M.D.	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE ILL
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3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
RADIOLOGY		6/84

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	Loyola Univ. Med. Center Nov. and Dec. 1982 Nov. 1983	133	
b. RADIATION PROTECTION		40	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY		28	
d. RADIATION BIOLOGY		44	
e. RADIOPHARMACEUTICAL CHEMISTRY		40	

5. EXPERIENCE WITH RADIATION. (Actual use of Radiolabeled or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
Tc-99m	25 mCi	Loyola Univ. Med. Ctr	3 mos.	Bone, Lung, Brain, Liver, Blood Pool & Thyroid
Xe-133	20 mCi	"	"	Lung
I-131	150 mCi	"	"	Thyroid, Ca Rx, Renal Function
I-125	100 uCi	"	"	Deep Vein Thrombosis
In-111	500 uCi	"	"	Cisternography
Tl-201	2 mCi	"	"	Infarct Heart

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	1	
P-32 (Colloidal)	INTRACAVITARY TREATMENT	2	
I-131	TREATMENT OF THYROID CARCINOMA	1	
	TREATMENT OF HYPERTHYROIDISM	8	
Au-198	INTRACAVITARY TREATMENT	0	
Co-60 or Cs-137	INTERSTITIAL TREATMENT	0	
	INTRACAVITARY TREATMENT	0	
I-125 or Ir-192	INTERSTITIAL TREATMENT	0	
Co-60 or Cs-137	TELETHERAPY TREATMENT	0	
Sr-90	TREATMENT OF EYE DISEASE	0	
	RADIOPHARMACEUTICAL PREPARATION	0	
Mo-99/ Tc-99m	GENERATOR	12	
Sn-113/ In-113m	GENERATOR	12	
Tc-99m	REAGENT KITS		
Other	99mTc Sulfur Colloid " Microspheres " DTPA " MDP " Glucoheptonate " PYP))) 80)) Hours)	

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

3 Months November & December 1982, November 1983 = 502 hours

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

a. NAME OF SUPERVISOR

Robert E. Henkin, M.D.

b. NAME OF INSTITUTION

Loyola University Medical Center

c. MAILING ADDRESS

2160 South First Avenue

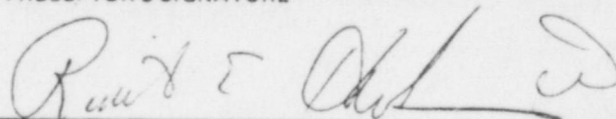
d. CITY

Maywood, IL 60153

5. MATERIALS LICENSE NUMBER(S)

NRC 12-11355-04

6. PRECEPTOR'S SIGNATURE



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

Robert E. Henkin, M.D.
Director, Nuclear Medicine

8. DATE

April 2, 1984

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			
Dr. Mark Schiffer			
STREET ADDRESS			
CITY	STATE	ZIP CODE	

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	205	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	1	
	LIVER FUNCTION STUDIES	0	
	FAT ABSORPTION STUDIES	0	
	KIDNEY FUNCTION STUDIES	34	
	IN VITRO STUDIES	1,791	
OTHER	CEA	359	
I-125	DETECTION OF THROMBOSIS	2	
I-123	THYROID IMAGING	8	
P-32	EYE TUMOR LOCALIZATION	0	
Se-75	PANCREAS IMAGING	0	
	CISTERNOGRAPHY ¹¹¹ Indium DTPA	6	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	0	
OTHER	Gallium Imaging	91	
Tc-99m	BRAIN IMAGING	87	
	CARDIAC IMAGING	192	
	THYROID IMAGING	51	
	SALIVARY GLAND IMAGING	0	
	BLOOD POOL IMAGING	0	
	PLACENTA LOCALIZATION	0	
	LIVER AND SPLEEN IMAGING	178	
	LUNG IMAGING	105	
	BONE IMAGING	209	
OTHER	Stress/Rest Thallium	198	Stress Muga 14 Resting Myocardial Perfusion 31

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		
De la Torre, Jorge, M.D.		
STREET ADDRESS		
CITY	STATE	ZIP CODE

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	40	
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS	10	
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	120	
OTHER			
Tc-99m	BRAIN IMAGING	80	
	CARDIAC IMAGING	120	
	THYROID IMAGING		
	SALIVARY GLAND IMAGING	6	
	BLOOD POOL IMAGING	70	
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	250	
	LUNG IMAGING	200	
	BONE IMAGING	400	
OTHER			

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER De la Torre, Jorge, M.D.	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE Illinois, USA
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3. CERTIFICATION

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
Diagnostic Radiology		June - 4 - 1982

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	Cook County Hospital, Chicago, Illinois 1977 - 1978	110	
b. RADIATION PROTECTION	Cook County Hospital 1977 - 1978	50	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	Cook County Hospital 1977 - 1978	30	
d. RADIATION BIOLOGY	Cook County Hospital 1978	30	
e. RADIOPHARMACEUTICAL CHEMISTRY	Cook County Hospital 1978	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
Tc99m Tl201 I-125 Xe133 Ga67	60 mCi 10 mCi 1 mCi 20 mCi 20 mCi	Cook County Hospital Chicago, Illinois, USA 60612	12 Months	

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		
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS		
Other			

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

600 Hours

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

a. NAME OF SUPERVISOR

VINCENT LOPEZ-MAJANO, M.D.

b. NAME OF INSTITUTION COOK COUNTY HOSPITAL
DIVISION OF NUCLEAR MEDICINE

c. MAILING ADDRESS

1835 W. HARRISON STREET,

d. CITY CHICAGO, ILLINOIS 60612

5. MATERIALS LICENSE NUMBER(S)

12 00010 05

6. PRECEPTOR'S SIGNATURE

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

VINCENT LOPEZ-MAJANO, M.D.

8. DATE