



May 30, 1985

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

Reference: License No. 12-12007-02

Gentlemen:

Applicant	<i>June 12/85</i>
Check No.	<i>1850874180</i>
Amount Fee Category	<i>7C</i>
Type	<i>and</i>
Date Check Rec'd	<i>6/17/85</i>
Received By	<i>RG</i>

Please accept this letter, in duplicate, as our request for amendment to our license No. 12-12007-02.

The amendments requested are -

1. Add Joseph N. Carre, M.D. for Groups I, II, III, Xe-133 and In-Vitro studies. For his training and experience, please refer to the attached Preceptorship Statements, Supplements A and B.
2. Please delete the names of the following physicians from our license -

Peter Lazarovits, M.D.
George F. Hogan, M.D.
David Ping Wen Ying, M.D.
Kuhn Hong, M.D.
Sheliah M. O'Connor, M.D.

Attached is a check for \$120.00, issued to the U.S. Nuclear Regulatory Commission, as amendment application fee.

We hope that the information submitted is satisfactory.

Sincerely,

Sister Anna Doyle / M Zeiger

Sister Anna Doyle
Senior Vice President, Professional Services

enclosures

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REGION III

CONTROL NO. 79116

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JUN 4 1985

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER Joseph N. Carre, M.D.	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE Illinois
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3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
Diagnostic Radiology	Radiology	

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	Michael Reese Hospital and Medical Center Division of Nuclear Medicine	40	100
b. RADIATION PROTECTION	Lake Shore Drive at 31st St Chicago, IL 60616 (July 1, '84 thru June 30, '85)	20	40
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY		20	40
d. RADIATION BIOLOGY		20	40
e. RADIOPHARMACEUTICAL CHEMISTRY		20	100

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
99mTc	2,000 Milci	Michael Reese Hosp. & Medical Center	52 Weeks	Diagnosis
131-I	200 "	Medical Center	"	Therapy & Diag
51-Cr	0.2 "	Division of Nucl. Med.	"	Diagnosis
59-Fe	.05 "	Lake Shore Drive at 31st	"	Standards-Vitamin
57-Co	10 "	Chicago, IL 60616	"	B-12
133-xe	1,000 "		"	Diagnosis
111-In	10 "		"	Diagnosis
169-Yb	10 "		"	Diagnosis

5. EXPERIENCE WITH RADIATION (Continued)

<u>ISOTOPE</u>	<u>MAXIMUM AMOUNT</u>	<u>WHERE EXPERIENCE WAS GAINED</u>	<u>DURATION OF EXPERIENCE</u>	<u>TYPE OF USE</u>
125-I	0.1	Michael Reese Hosp. &	52 Weeks	Lab, In-Vitro & RISA
67-Ga	10	Medical Center	"	Diagnosis
137-Cs	10	Division of Nuclear	"	Standard
201-Tl	5	Medicine	"	Standard
75-Se	1	Lake Shore Dr. at 31st St.	"	Diagnosis
123-I	3	Chicago, IL 60616	"	Diagnosis

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

Joseph N. Carre, M.D.

STREET ADDRESS

2851 S. King Drive, Apartment 1904

CITY

Chicago

STATE

IL

ZIP CODE

60616

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	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
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION	5,450	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	12	
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES		
	IN VITRO STUDIES	4,204	
OTHER			
I-125	DETECTION OF THROMBOSIS	42	
I-131	THYROID IMAGING	233	
P-32	EYE TUMOR LOCALIZATION		
Ge-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY	21	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	449	
OTHER			
Tc-99m	BRAIN IMAGING	270	
	CARDIAC IMAGING	84	
	THYROID IMAGING	347	
	SALIVARY GLAND IMAGING	4	
	BLOOD POOL IMAGING	393	
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	950	
	LUNG IMAGING	376	
	BONE IMAGING	1,562	
OTHER	67-Ga/ Gallium whole body	659	

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	19	
Au-198	INTRACAVITARY TREATMENT	66	
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	5	
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	15	
Other			

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

Dr. Joseph Carre began his residency in Nuclear Medicine as of July 1, 1984, and will complete his residency as of June 30, 1985. At the end of his residency he will have received 2,000 hours of practical nuclear medicine and 200 hours of lecture time.

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

a. NAME OF SUPERVISOR

Steven Pinsky, M.D.

b. NAME OF INSTITUTION

Michael Reese Hospital & Medical Center

c. MAILING ADDRESS

Lake Shore Drive at 31st Street

d. CITY

Chicago, IL 60616

5. MATERIALS LICENSE NUMBER(S)

12-00074-04

6. PRECEPTOR'S SIGNATURE

Steven Pinsky

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

Steven Pinsky, M.D.

8. DATE

May 13, 1985