

MacNeal Memorial Hospital

3249 South Oak Park Avenue  
Berwyn, Illinois 60402  
Telephone (312) 795-9100

December 21, 1981

Bruce Mallett, Ph.D.  
Licensing Section  
USNRC  
799 Roosevelt Road  
Glen Ellyn, Illinois 60137

Dear Dr. Mallett:                      Ref: 12-09155-01

In addition to the information you are requesting for our amended application, we are resubmitting supplement A (Form 313M) per two physicians, replacing the forms that were sent to you in our letter dated November 25, 1981.

In response to your questions:

1. Dr. Barron is licensed to practice medicine in Illinois.  
License #036057077.
2. We have submitted with this letter updated preceptor forms  
for the users we requested to have added to the license.

Please note that the information regarding procedures  
for elution of 99 Mo/99m Tc generators and procedures  
for preparation of 99m Tc kits has been added.

3. We are requesting that you add Drs Barron, Gibson and  
Marshall as users of 133 Xe gas for ventilation studies.
4. We are not requesting to add Dr. Barron as a user of  
P-32 and I-131 for respective therapy procedures. Also,  
we are not requesting to add Dr. Marshall as a user of  
P-32 for therapeutic purposes.
5. We have enclosed 313M (current) forms for Drs. Marshall  
and Barron.
6. Summarization of amendment request:

8507120618 850614  
REG3 LIC30  
12-09155-01      PDR

Member of the Metropolitan Chicago Group  
of University of Illinois Affiliated Hospitals

Bruce Mallett, Ph.D.  
Ref: 12-09155-01

-2-

December 21, 1981

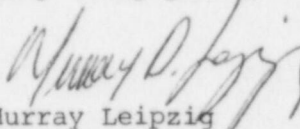
Dr. David Gibson - Group I, II, III, in vitro, 133 Xenon gas and I-131 for treatment of hyperthyroidism and thyroid carcinoma.

Dr. James Barron - Group I, II, III, in vitro, 133 Xenon gas.

Dr. Robert Marshall: Group I, II, III, in vitro, 133 Xenon gas, I-131 for therapy of hyperthyroidism.

We hope this will satisfy your request. Should you have any further questions, please do not hesitate to call.

Very truly yours,



Murray Leipzig  
Vice President  
Operations

TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

David Gibson

2. STATE  
VIRGINIA  
PRACTICE MEDICINE  
Illinois

3. CERTIFICATION

SPECIALTY BOARD  
A

CATEGORY  
B

MONTH AND YEAR CERTIFIED  
C

RADIOLOGY

Eligible June 1981

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	SUPERVISOR LABORATION EXPERIENCE (Hours) D
a. RADIATION PHYSICS AND INSTRUMENTATION	Loyola University Medical Ctr. 7/1/78 to 7/1/81	75	30
b. RADIATION PROTECTION	"	18	15
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	"	20	5
d. RADIATION BIOLOGY	"	20	0
e. RADIOPHARMACEUTICAL CHEMISTRY	"	10	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
Tc-99m	25 mCi	Loyola University Med Ctr	4 months	Bone, Lung, Brain, Liver
Xe-133	20 mCi	"	"	Blood Pool & Thyroid
I-131	150 uCi	"	"	Lung
I-125	100 uCi	"	"	Thyroid CA Rx, Re
IA-111	500 uCi	"	"	Function
Tl-201	2 mCi	"	"	Deep Vein Thromb
				Cysternography
				Infarct Heart



## 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

David Gibson, M.D.

STREET ADDRESS

MacNeal Hospital

CITY

STATE

ZIP CODE

Berwyn, Illinois

## KEY TO COLUMN C

## PERSONAL PARTICIPATION SHOULD CONSIST OF:

1-Supervised examination of patients to determine the suitability for radiological 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 radiological patients and follow patients through diagnosis and/or course of treatment.

## 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	DIAGNOSIS OF THYROID FUNCTION	55	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	23	
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES	53	
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS	1	
I-131	THYROID IMAGING	4	
P-32	BONE TUMOR LOCALIZATION	0	
Sr-75	PANCREAS IMAGING	0	
In-111	CISTERNOGRAPHY	13	
Y-123	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	70	
OTHER			
Tc-99m	BRAIN IMAGING	121	
	CARDIAC IMAGING	481 (All Cardiac)	
	THYROID IMAGING	103	
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING		
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	304	
	LUNG IMAGING	182	
	BONE IMAGING	227	
OTHER			

Control No. 046314

# 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 a separate sheet.) D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
P-32 (Colloid)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA	3	
	TREATMENT OF HYPERTHYROIDISM	10	
Au-198	INTRACAVITARY TREATMENT		
Co-60	INTERSTITIAL TREATMENT		
Co-137	INTRACAVITARY TREATMENT		
I-131	INTERSTITIAL TREATMENT		
Co-60 or Co-137	TELE THERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	7	
Sr-90/ Y-90	GENERATOR		
Tc-99m	REAGENT KITS	35	
Other	*Didactic Training		

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

650 Hours  
September 1979  
March 1980  
August 1980  
March 1981

## 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

Nuclear Medicine-Loyola Univ. Med. Ctr.

c. MAILING ADDRESS

2160 South First Avenue

d. CITY

Maywood, IL 60153

## 5. MATERIALS LICENSE NUMBER(S)

NRC 12-11355-04

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

## 6. PRECEPTOR'S SIGNATURE

*Robert E. Henkin, M.D.*

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

Robert E. Henkin, M.D.

## 8. DATE

3/17/81



TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER  James T. Barron, 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		June 1, 1981

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 University Med Center 7/5/78-7/5/81	100	
b. RADIATION PROTECTION	"	22	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	"	34	
d. RADIATION BIOLOGY	"	31	
e. RADIOPHARMACEUTICAL CHEMISTRY	"	28	

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 <sup>99m</sup>	500mCi	Loyola University Medical Center	4 months	diag.
I <sup>131</sup>	20mCi		"	diag. & ther.
I <sup>125</sup>	250uCi		"	diag.
Tl <sup>201</sup>	10mCi		"	"
Xe <sup>133</sup>	75mCi		"	"

## 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

Dr. James T. Barron

STREET ADDRESS

CITY

STATE

ZIP CODE

## 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 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 99mTc	DIAGNOSIS OF THYROID FUNCTION	28	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	2	
	LIVER FUNCTION STUDIES	24	
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES	28	
	IN VITRO STUDIES	618	
OTHER			
I-125	DETECTION OF THROMBOSIS	1	
I-125	HYPOC IMAGING 99mTc 04	80	
I-32	EYE TUMOR LOCALIZATION	0	
I-32	PANCREAS IMAGING	0	
I-111	CISTENOGRAPHY In-111 DTPA	3	
X-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	152	
OTHER			
Tc-99m	BRAIN IMAGING	84	
	CARDIAC IMAGING	400	
	THYROID IMAGING	80	
	SALIVARY GLAND IMAGING	1	
	<del>99999777/11111111</del> Cardiac Imaging		
	PLACENTA LOCALIZATION	0	
	LIVER AND SPLEEN IMAGING	248	
	LUNG IMAGING	120	
OTHER	BONE IMAGING	304	
	Thallium Imaging	208	

# 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 sheet)
A	B	C	D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	0	
P-32 (Colloidal)	INTRACAVITARY TREATMENT	0	
I-131	TREATMENT OF THYROID CARCINOMA	0	
	TREATMENT OF HYPERTHYROIDISM	7	
Au-196	INTRACAVITARY TREATMENT	0	
Co-60	INTERSTITIAL TREATMENT	0	
Co-60	INTRACAVITARY TREATMENT	0	
I-125 or I-125m	INTERSTITIAL TREATMENT	0	
Co-60 or Co-137	TELE THERAPY TREATMENT	0	
Sr-90	TREATMENT OF EYE DISEASE	0	
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	8	
Sr-90/ Y-90	GENERATOR	0	
Tc-99m	REAGENT KITS	25	
Other	99mTc DTPA 99mTc MAA 99mTc Osteolite 99mTc Glucoheptonate 99mTc Sulfur Colloid		

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

650 Hours  
 April 1980  
 May 1980  
 July 1980  
 Feb 1981

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

### a. NAME OF SUPERVISOR

Robert E. Henkin, M.D.

### a. NAME OF INSTITUTION

Loyola University Med. Ctr., Nuclear Medicine

### c. MAILING ADDRESS

2160 South First Avenue

### d. CITY

Maywood, IL 60153

## 5. MATERIALS LICENSE NUMBER(S)

NRC-12-11355-04

FORM NRC-313M-SUPPLEMENT B  
(8-76)

## 6. PRECEPTOR'S SIGNATURE

*Robert E. Henkin*

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

Robert E. Henkin, M.D.

## 8. DATE

4/23/81



TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

Robert Marshall, M.D.

2. STATE OR TERRITORY IN  
WHICH LICENSED TO  
PRACTICE MEDICINE  
ILL

3. CERTIFICATION

SPECIALTY BOARD  
A

CATEGORY  
B

MONTH AND YEAR CERTIFIED  
C

Radiology

1974

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

Montefiore Hospital  
Bronx, NY  
1972-1974

100

b. RADIATION PROTECTION

"

100

c. MATHEMATICS PERTAINING TO  
THE USE AND MEASUREMENT  
OF RADIOACTIVITY

"

100

d. RADIATION BIOLOGY

"

100

e. RADIOPHARMACEUTICAL  
CHEMISTRY

"

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

Tc<sup>99m</sup>  
I<sup>131</sup>  
Xe<sup>133</sup>  
I<sup>125</sup>  
Se<sup>75</sup>

500mCi  
20mCi  
100mCi  
50uCi  
250uCi

Montefiore Hospital  
Bronx, NY

4 months

Diag.  
Diag. & Ther.  
Diag.  
"  
"

PRECEPTOR STATEMENT *Res*

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		<b>KEY TO COLUMN C</b> <b>PERSONAL PARTICIPATION SHOULD CONSIST OF:</b> 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		
ROBERT ALAN MARSHALL, M.D.		
STREET ADDRESS		
25 W 110 Cape Road		
CITY	STATE	ZIP CODE
Naperville	Illinois	60540

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	50	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	5	
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES	5	
	KIDNEY FUNCTION STUDIES	5	
	IN VITRO STUDIES	30	
OTHER			
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING	50	
P-32	EYE TUMOR LOCALIZATION		
Sr-75	PANCREAS IMAGING	5	
Yb-169	CISTERNOGRAPHY	5	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	40	
OTHER			
Tc-99m	BRAIN IMAGING	200	
	CARDIAC IMAGING	-	
	THYROID IMAGING	-	
	PAROTID GLAND IMAGING	5	
	BLOOD POOL IMAGING	20	
	PLACENTA LOCALIZATION	-	
	LIVER AND SPLEEN IMAGING	200	
	LUNG IMAGING	200	
	BONE IMAGING	220	
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		
P-32 (Colloidal)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA TREATMENT OF HYPERTHYROIDISM AND CARDIAC CONDITION	20	
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT INTRACAVITARY TREATMENT		
I-125 or In-192	INTERSTITIAL TREATMENT		
Co-60 or Cs-137	TELETHERAPY TREATMENT		
Si-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	7	
Sr-90/ Y-90	GENERATOR		
Tc-99m	REAGENT KITS	15	
Other			

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

500

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

## 5. PRECEPTOR'S SIGNATURE

### a. NAME OF SUPERVISOR

Leonard M. Freeman M.D.

### b. NAME OF INSTITUTION

Montefiore Hosp. + Med. Center

### c. MAILING ADDRESS

111 EAST 210 ST.

BRONX, N.Y. 10467

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

Leonard M. Freeman M.D.

## 8. DATE

SEPT. 10, 1981

## 5. MATERIALS LICENSE NUMBER(S)

188-7 N.Y.C.