

030-01496

MacNeal Memorial Hospital

November 25, 1981

Applicant... 0987674070
Check No. 84070
Amount/ Fee Category
Type of Fee... Amendment
Date Check Recd... 12/7/81
Received By... Brown

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

Bruce Mallett, Ph.D.
Licensing Section
United States Nuclear Regulatory Commission
799 Roosevelt Road
Glen Ellyn, Illinois 60137

RECEIVED BY LFMB
Date... 12/7/81
Log... DEC 7 REC
By... Brown
Orig. To...
Action Compl. 12/9/81

Subject: MacNeal Memorial Hospital - 12-09155-01

Dear Dr. Mallett:

We request that you amend our byproduct materials license to show the following changes:

1. Please add Drs. James Barron, David Gibson and Robert Marshall as users of byproduct materials for diagnostic and therapeutic purposes.

Dr. Barron - Groups I - V
Dr. Gibson - Groups I - V
Dr. Marshall - Groups I - V

2. Please add Dr. Robert Marshall's name as a member of the Radiation Safety Committee.

The addition of these users was discussed in a Radiation Safety Committee Meeting and approval was granted.

Also enclosed is a Preceptor Statement for Dr. Robert Marshall; statements for Drs. Barron and Gibson have been filed previously with your office.

We have adopted the ALARA programs as outlined in the NRC bulletin of June 18, 1980. We have our copy on file for review.

A check for \$40.00 to cover the amendment fee is enclosed.

(Continued)

CONTROL NO. 05672

NOV 29 1981

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REG3 LIC30
12-09155-01 PDR

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

NOV 27 1981

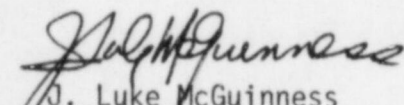
November 25, 1981

Should you have any questions, please contact:

Mr. Ronald D. Edwards
Radiation Protection Consultants, Ltd.
604 North Washington Street
Naperville, Illinois 60540
(312) 369-6488

Thank you for your cooperation.

Very truly yours,


J. Luke McGuinness
President

JLM:mk

Attachment: Preceptor Statement - Dr. Robert Marshall
Check #098767 (\$40.00)

cc: Dr. Harold S. Firfer
Mr. Murray D. Leipzig
Mr. Warren Lyons
Dr. Enrique Palacios
Dr. Gabriel Pulido
NRC License File

NY

FORM NRC-313M-SUPPLEMENT A

U.S. NUCLEAR REGULATORY COMMISSION

(7-77)
10 CFR 30

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION PROTECTION OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION PROTECTION OFFICER Robert Alan Marshall, M.D.	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE ILL.
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3. CERTIFICATION		
SPECIALITY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
RADIOLOGY		December 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	SUPERVISE LABORATORY EXPERIENCE (Hours) D
a. RADIATION PHYSICS AND INSTRUMENTATION	MONTGOMERY HOSP. BROOK, N.Y. 1972-4	100	
b. RADIATION PROTECTION	"	100	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	"	100	
d. RADIATION BIOLOGY	"	100	
e. RADIOPHARMACEUTICAL CHEMISTRY	"	100	

CONTROL NO. 05672
100

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		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		
ROBERT ALLEN 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 <i>(Additional information or comments may be submitted in duplicate on separate sheet.)</i> 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		
Se-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	—	
	SALIVARY GLAND IMAGING	5	
	BLOOD POOL IMAGING	20	
	PLACENTA LOCALIZATION	—	
	LIVER AND SPLEEN IMAGING	200	
	LUNG IMAGING	200	
	BONE IMAGING	200	
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 sheet.) D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
P-32 (Colloid)	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 Ir-192	INTERSTITIAL TREATMENT		
	TELE THERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR		
Sr-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS		
Other			

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

JAN 1972
JULY 1972
JULY 1975-76

500

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

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

5. MATERIALS LICENSE NUMBER(S)

188-7 N.Y.C.

6. PRECEPTOR'S SIGNATURE

Leonard M. Freeman

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

Leonard M. Freeman M.D.

8. DATE

SEPT. 10, 1981

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

James Barron M.D.

2. STATE OR TERRITORY
WHICH LICENSED TO
PRACTICE MEDICINE

3. CERTIFICATION

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C

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 LABORATORY EXPERIENCE (Hours) D
a. RADIATION PHYSICS AND INSTRUMENTATION	Loyola Univ. Med. Center 7-5-78 to 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-99m	25 mCi	Loyola University Medical Center	4 months	Bone, Lung, Brain, L
Xe-133	20 mCi	"	"	Blood Pool & Thyroid
I-131	150 uCi	"	"	Lung Thyroid CA Rx, Ren Function
I-125	100 uCi	"	"	Deep Vein Thrombo
I-111	500 uCi	"	"	Cysternography
Tl-201	2 mCi	"	"	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			KEY TO COLUMN C		
FULL NAME			PERSONAL PARTICIPATION SHOULD CONSIST OF:		
Dr. James T. Barron			1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.		
STREET ADDRESS			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.		
CITY			3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.		
STATE		ZIP CODE			

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
	DIAGNOSIS OF THYROID FUNCTION	28	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	2	
I-131	LIVER FUNCTION STUDIES	24	
I-125	FAT ABSORPTION STUDIES		
or 99mTc	KIDNEY FUNCTION STUDIES	28	
	IN VITRO STUDIES	618	
OTHER			
I-125	DETECTION OF THROMBOSIS	1	
I-131	THYROID IMAGING 99mTc 04	80	
I-32	EYE TUMOR LOCALIZATION	0	
I-125	PANCREAS IMAGING	0	
In-111	CISTERNOGRAPHY 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	
	99mTc 04 Cardiac Imaging		
	PLACENTAL LOCALIZATION	0	
	LIVER AND SPLEEN IMAGING	248	
	LUNG IMAGING	120	
	BONE IMAGING	304	
OTHER	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 sheets.)
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-198	INTRACAVITARY TREATMENT	0	
Co-60	INTERSTITIAL TREATMENT	0	
Co-60	INTRACAVITARY TREATMENT	0	
I-125 or Ir-192	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		
Sr-90/ Ir-192	GENERATOR		
Tl-201m	REAGENT KITS		
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.

b. 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

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 David Gibson	2. STATE WHICH RELATES TO PRACTICE MEDICINE Illinois
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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 LABORATORY 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; Blood Pool & Thyroid
Xe-133	20 mCi	"	"	Lung
I-131	150 uCi	"	"	Thyroid CA Rx, Ren Function
I-125	100 uCi	"	"	Deep Vein Thrombosis
Ia-111	500 uCi	"	"	Cysternography
Tl-201	2 mCi	"	"	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 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 radiologic patients and follow patients through diagnosis and/or course of treatment.

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	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	EYE TUMOR LOCALIZATION	0	
Sr-75	PANCREAS IMAGING	0	
In-111	CISTERNOGRAPHY	13	
Y-90	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 separate sheet.) D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
P-32 (Colloidal)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA	3	
	TREATMENT OF HYPERTHYROIDISM	10	
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Co-137	INTERSTITIAL TREATMENT		
Co-137	INTRACAVITARY TREATMENT		
I-125 or I-192	INTERSTITIAL TREATMENT		
Co-60 or Co-137	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
*	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR		
Sr-113/ In-113m	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

e. MATERIALS LICENSE NUMBER(S)

NRC 12-11355-04

FORM NRC-313-SUPPLEMENT 3
(8-78)

5. PRECEPTOR'S SIGNATURE

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

Robert E. Henkin, M.D.

8. DATE

3/17/81