

Sponsored by the  
Religious Sisters of Mercy  
founded in 1831  
by Catherine McAuley

McAuley Clinic  
5333 McAuley Drive  
P.O. Box 994  
Ann Arbor, Michigan 48106  
(313) 572-5100

October 31, 1985

Region III  
Division of Compliance  
Regional Licensing Section  
799 Roosevelt Road  
Glen Ellyn, Illinois 60137

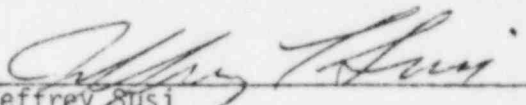
Dear Sirs:

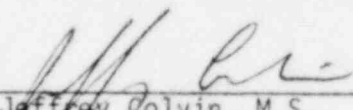
SUBJECT: Amendment to NRC License #21-24447-01  
Add John W. Keyes, Jr., M.D. to License

We are requesting an amendment to the NRC License #21-24447-01 to add John W. Keyes, Jr., M.D. to the License. We request that he be approved for Groups I through 5, xenon-133, and in vitro studies. Enclosed is a copy of his Preceptor Statement and a copy of his Board Registration in Nuclear Medicine.

If you have any questions, please contact Jeff Colvin at (313) 572-3597.  
Thank you.

Sincerely,

  
Jeffrey Susi  
President, McAuley Clinic Corporation

  
Jeffrey Colvin, M.S.  
Radiological Physicist, ABR

JS:JC:ss

8604040444 860122  
REG3 LIC30  
21-24447-01 PDR

RECEIVED  
DEC 17 1985  
REGION III

# THE AMERICAN BOARD OF NUCLEAR MEDICINE

INCORPORATED 1971

A CONJOINT BOARD ORGANIZED WITH THE SPONSORSHIP OF THE AMERICAN BOARD OF INTERNAL MEDICINE,  
AMERICAN BOARD OF PATHOLOGY, AMERICAN BOARD OF RADIOLOGY AND THE SOCIETY OF NUCLEAR MEDICINE  
HEREBY CERTIFIES THAT

*John Wesley Keyes, Jr.*

HAS MET THE REQUIREMENTS OF THIS BOARD AND IS  
CERTIFIED AS QUALIFIED TO PRACTICE AS A SPECIALIST IN  
ALL ASPECTS OF CLINICAL AND LABORATORY

NUCLEAR MEDICINE:

INCLUDING BUT NOT LIMITED TO RADIOBIOASSAY, NUCLEAR IMAGING,  
IN VIVO MEASUREMENTS AND THERAPY WITH UNSHIELDED RADIONUCLIDES

*Marshall A. Baker*  
CHAIRMAN



*Joseph F. Rose, M.D.*  
SECRETARY

NUMBER 01257

DATE MAY 5, 1972

## 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

John W. Keyes Jr., M.D.

STREET ADDRESS

St. Joseph Mercy Hospital

Dept. Of Radiology

CITY

STATE

ZIP CODE

Ann Arbor

MI

48106

## KEY TO COLUMN C

## PERSONAL PARTICIPATION SHOULD CONSIST OF:

1-Supervised examination of patients to determine the suitability for radio-isotope 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 I-125	DIAGNOSIS OF THYROID FUNCTION	500	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	50	
	LIVER FUNCTION STUDIES	0	
	FAT ABSORPTION STUDIES	0	
	KIDNEY FUNCTION STUDIES	100	
	IN VITRO STUDIES	1000	
OTHER			
I-125	DETECTION OF THROMBOSIS	10	
I-131	THYROID IMAGING	250	
P-32	EYE TUMOR LOCALIZATION	10	
Se-75	PANCREAS IMAGING	25	
Yb-169	CISTERNOGRAPHY	50	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	250	
OTHER			
Tc-99m	BRAIN IMAGING	500	
	CARDIAC IMAGING		
	THYROID IMAGING	250	
	SALIVARY GLAND IMAGING	50	
	BLOOD POOL IMAGING	50	
	PLACENTA LOCALIZATION	50	
	LIVER AND SPLEEN IMAGING	500	
	LUNG IMAGING	250	
	BONE IMAGING	500	
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	2	
P-32 (Colloidal)	INTRACAVITARY TREATMENT	5	
I-131	TREATMENT OF THYROID CARCINOMA	30	
	TREATMENT OF HYPERTHYROIDISM	50	
Au-198	INTRACAVITARY TREATMENT	2	
Co-60 or Cs-137	INTERSTITIAL TREATMENT	0	
	INTRACAVITARY TREATMENT	0	
I-125 or Ir-192	INTERSTITIAL TREATMENT	0	
	TELETHERAPY TREATMENT	0	
Cs-60 or Cs-137	TELETHERAPY TREATMENT	0	
Sr-90	TREATMENT OF EYE DISEASE	0	
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	10	
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	50	
Other			

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

July 1969 to June 1970

2000 hours

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

a. NAME OF SUPERVISOR

Wm. H. Beierwaltes, M.D.

b. NAME OF INSTITUTION

University of Michigan

c. MAILING ADDRESS

1405 E. Ann Street

d. CITY

Ann Arbor, MI 48109

e. MATERIALS LICENSE NUMBER(S)

21-00215-04

5. PRECEPTOR'S SIGNATURE

*Wm. H. Beierwaltes*

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

Wm. H. BEIERWALTES

8. DATE

10-23-85

DEC 17 1985



## Purchase Order

99990

NRC REGION III

Regional Licensing Section/Div. of Compliance

Glen Ellyn, IL 60137

Purchase Order Number

46733-DBb

INVOICE TO:

**S**  
**M**  
**C**

ST. JOSEPH MERCY HOSPITAL  
P.O. BOX 995  
ANN ARBOR, MICHIGAN 48106  
313-572-3235

MERCYWOOD HOSPITAL  
P.O. BOX 1127  
ANN ARBOR, MICHIGAN 48106  
313-663-8571, EXT. 229

CATHERINE McAULEY HEALTH CENTER  
P.O. BOX 992  
ANN ARBOR, MICHIGAN 48106  
313-572-3235

ALL ITEMS SHIPPED MUST HAVE THIS PURCHASE ORDER NUMBER ON THE OUTSIDE OF EACH PACKAGE FOR ACCEPTANCE BY THE HOSPITAL. THIS PURCHASE ORDER NUMBER MUST ALSO APPEAR ON YOUR INVOICE AND PACKING SLIP.

ALL DELIVERIES TO:  
CMHC MATERIALS CENTER  
RECEIVING DOCK  
5301 E. HURON RIVER DRIVE  
BUILDING LOCATION  
RECEIVING HOURS:  
8:00 A.M. TO 3:30 P.M. WEEKDAYS  
ONLY

Date 11/02/85	<input checked="" type="checkbox"/> F.O.B. Hospital	<input type="checkbox"/> Prepaid and Added	Terms: 2% 10th. Proximo unless otherwise indicated	Inv. To S	Delivery Req'd. 11/29/85		
Req'n. No.	Item Description	Our Unit	Price	Per Unit	Stock No.	Account No.	
49470	Fee for amendment to NRC license #21-24447-01		120.00	total		694 590	

Check needs to go with the amendment request

### INSTRUCTIONS, TERMS AND CONDITIONS

1. The buyer objects to any terms in addition to or different from the terms of this order.
2. Hospital is not responsible for goods supplied without a Purchase Order number.
3. All invoices must be rendered to Accounting Department only and must be mailed at time of shipment. (For payment, indicate our P.O. # on all copies).
4. Risk of loss not to pass to buyer until goods are delivered to the hospital in an acceptable condition.
5. Acceptance copy (if enclosed) must be signed and returned immediately.

TERMS AND CONDITIONS CONTINUED ON REVERSE SIDE

### CERTIFICATE OF EXEMPTION-MICHIGAN SALES AND USE TAX

This is to certify that the Catherine McAuley Health Center and its units are exempt from Michigan Sales and Use Tax under the provision of the Michigan Sales Tax Act 167, Public Acts of 1933 as amended, Rule 37 exempting hospitals operated by a religious organization. Exemption Numbers are:  
St. Joseph Mercy Hospital - No. 2-286609  
Mercywood Hospital - No. ME 0200899

Confirmed with: Mail

M

Total Lines: 2

Order Total: \_\_\_\_\_

Shipment Received By: \_\_\_\_\_

Complete: \_\_\_\_\_