

# APPLICATION FOR MATERIAL LICENSE

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

## FEDERAL AGENCIES FILE APPLICATIONS WITH:

U.S. NUCLEAR REGULATORY COMMISSION  
DIVISION OF FUEL CYCLE AND MATERIAL SAFETY, NMSS  
WASHINGTON, DC 20555

## ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS, IF YOU ARE LOCATED IN:

CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, MAINE, MARYLAND, MASSACHUSETTS, NEW JERSEY, NEW YORK, PENNSYLVANIA, RHODE ISLAND, OR VERMONT, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION, REGION I  
NUCLEAR MATERIAL SECTION B  
631 PARK AVENUE  
KING OF PRUSSIA, PA 19406

ALABAMA, FLORIDA, GEORGIA, KENTUCKY, MISSISSIPPI, NORTH CAROLINA, PUERTO RICO, SOUTH CAROLINA, TENNESSEE, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION, REGION II  
MATERIAL RADIATION PROTECTION SECTION  
101 MARIETTA STREET, SUITE 2900  
ATLANTA, GA 30323

## IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION, REGION III  
MATERIALS LICENSING SECTION  
799 ROOSEVELT ROAD  
GLEN ELLYN, IL 60137

ARKANSAS, COLORADO, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, SOUTH DAKOTA, TEXAS, UTAH, OR WYOMING, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION, REGION IV  
MATERIAL RADIATION PROTECTION SECTION  
611 RYAN PLAZA DRIVE, SUITE 1000  
ARLINGTON, TX 76011

ALASKA, ARIZONA, CALIFORNIA, HAWAII, NEVADA, OREGON, WASHINGTON, AND U.S. TERRITORIES AND POSSESSIONS IN THE PACIFIC, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION, REGION V  
MATERIAL RADIATION PROTECTION SECTION  
1450 MARIA LANE, SUITE 210  
WALNUT CREEK, CA 94596

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTION.

## 1. THIS IS AN APPLICATION FOR (Check appropriate item)

- ☐ A. NEW LICENSE  
☒ B. AMENDMENT TO LICENSE NUMBER 06-00253-04  
☐ C. RENEWAL OF LICENSE NUMBER \_\_\_\_\_

## 2. NAME AND MAILING ADDRESS OF APPLICANT (Include Zip Code)

Hartford Hospital, RSO  
80 Seymour Street  
Hartford, CT 06115

## 3. ADDRESS(ES) WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

Hartford Hospital Complex  
80 Seymour Street  
Hartford, CT 06115

## 4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

Mr. Peter J. Mas, M.S., Health Physicist & LSO

## TELEPHONE NUMBER

(203) 524-2623

SUBMIT ITEMS 5 THROUGH 11 ON 8 1/2 x 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

## 5. RADIOACTIVE MATERIAL

a. Element and mass number, b. chemical and/or physical form, and c. maximum amount which will be possessed at any one time.

## 6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.

## 7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE.

## 8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.

## 9. FACILITIES AND

b. 03020219 870710  
REG 1 LIC 30  
06-00253-04 PDR

## 10. RADIATION SAFETY PROGRAM

## 11. WASTE MANAGEMENT.

## 12. LICENSEE FEES (See 10 CFR 170 and Section 170.31)

FEE CATEGORY 10CFR170.31;7C AMOUNT ENCLOSED \$ 120.00

## 13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, AND 40 AND THAT ALL INFORMATION CONTAINED HEREIN, IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948, 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

## SIGNATURE—CERTIFYING OFFICER

## TYPED/PRINTED NAME

## TITLE

## DATE

*John J. Meehan, Jr.*

Mr. John J. Meehan, Jr.

Executive Vice President

April 23/87

## 14. VOLUNTARY ECONOMIC DATA

### a. ANNUAL RECEIPTS

<\$250K	\$1M-3.5M
\$250K-500K	\$3.5M-7M
\$500K-750K	\$7M-10M
\$750K-1M	>\$10M

### b. NUMBER OF EMPLOYEES (Total for entire facility excluding outside contractors)

### c. NUMBER OF BEDS

d. WOULD YOU BE WILLING TO FURNISH COST INFORMATION (Dollar and/or staff hours) ON THE ECONOMIC IMPACT OF CURRENT NRC REGULATIONS OR ANY FUTURE PROPOSED NRC REGULATIONS THAT MAY AFFECT YOU? (NRC regulations permit it to protect confidential commercial or financial—proprietary—information furnished to the agency in confidence)

☒ YES

☐ NO

## FOR NRC USE ONLY

### TYPE OF FEE

### FEE LOG

### FEE CATEGORY

### COMMENTS

### APPROVED BY

AMD

May 5/87

(7C) 3E

\$120 fee OK - Request was withdrawn and is now resubmitted - separate reviews - to 8

*S. Kimbrey*

### AMOUNT RECEIVED

### CHECK NUMBER

### DATE

\$120

422/32

107186

5/8/87

## PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the Nuclear Regulatory Commission on NRC Form 313. This information is maintained in a system of records designated as NRC-3 and described at 40 Federal Register 45334 (October 1, 1975).

1. **AUTHORITY:** Sections 81 and 161(b) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2111 and 2201(b)).
2. **PRINCIPAL PURPOSE(S):** The information is evaluated by the NRC staff pursuant to the criteria set forth in 10 CFR Parts 30, 32, 33, 34, 35 and 40 to determine whether the application meets the requirements of the Atomic Energy Act of 1954, as amended, and the Commission's regulations, for the issuance of a radioactive material license or amendment thereof.
3. **ROUTINE USES:** The information may be (a) provided to State health departments for their information and use; and (b) provided to Federal, State, and local health officials and other persons in the event of incident or exposure, for their information, investigation, and protection of the public health and safety. The information may also be disclosed to appropriate Federal, State, and local agencies in the event that the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, or local agency to the extent relevant and necessary for an NRC decision or to an appropriate Federal agency to the extent relevant and necessary for that agency's decision about you.
4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:** Disclosure of the requested information is voluntary. If the requested information is not furnished, however, the application for radioactive material license, or amendment thereof, will not be processed. A request that information be held from public inspection must be in accordance with the provisions of 10 CFR 2.790. Withholding from public inspection shall not affect the right, if any, of persons properly and directly concerned need to inspect the document.
5. **SYSTEM MANAGER(S) AND ADDRESS:** U.S. Nuclear Regulatory Commission  
Director, Division of Fuel Cycle and Material Safety  
Office of Nuclear Material Safety and Safeguards  
Washington, D.C. 20555

TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER: Jaqueline Marie Lyon, M.D.		2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE Connecticut
3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
Therapeutic Radiology	Am. Board of Radiology	Pending: Exam Part II to be taken Summer '87

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	Hospital of the Univ. of PA 7/83-1/86	160	
b. RADIATION PROTECTION	SAME 1/85-3/85	34	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	SAME 3/84-4/84 & 7/85-10/85	30	
d. RADIATION BIOLOGY	SAME 9/84-3/85	24	
e. RADIOPHARMACEUTICAL CHEMISTRY			

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
Co-60	Teletherapy	Am. Oncologic Hosp. Philadelphia, PA	1/84-3/84 & 10/85-1/86	Teletherapy
Cs-137	200 mCi	Hosp. of the Univ. of PA & Am. Oncologic Hosp.	1/84-3/84 & 7/85-9/85	Brachytherapy: -intracavitary
I-125	50 mCi	Hosp. of the Univ. of PA	7/85-9/85	-interstitial
Ir-192	80 mCi	" " " " " " & Am. Oncologic Hosp., Philadelphia, PA	2/84-3/84 & 7/85-10/85	-interstitial

## 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 <u>Jacqueline Marie Lyon</u>		
STREET ADDRESS <u>411 Meadowbrook Drive</u>		
CITY <u>Huntingdon Valley</u>	STATE <u>PA</u>	

## 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		
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS		
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		
OTHER			
Tc-99m	BRAIN IMAGING		
	CARDIAC IMAGING		
	THYROID IMAGING		
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING		
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING		
	LUNG IMAGING		
	BONE IMAGING		
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		
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT	11	
I-125 or Ir-192	INTERSTITIAL TREATMENT	5	
Co-60 or Cs-137	TELE THERAPY 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

7/85 - 10/85 160 hours

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

a. NAME OF SUPERVISOR

Richard Whittington

b. NAME OF INSTITUTION

Hospital of the University of Pennsylvania

c. MAILING ADDRESS

3400 Spruce St.

d. CITY

Philadelphia

5. MATERIALS LICENSE NUMBER(S)

37-0011407 PA-131

6. PRECEPTOR'S SIGNATURE

*Richard Whittington*

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

Richard Whittington MD

8. DATE

21 Feb 86

NRC FORM 313M SUPPLEMENT B

(9-81)



# UNIVERSITY of PENNSYLVANIA

SCHOOL OF MEDICINE

DEPARTMENTS OF RADIATION THERAPY  
University of Pennsylvania  
and  
The Fox Chase Cancer Center

Richard Whittington, M.D.

Hospital of the University of Pennsylvania  
3400 Spruce Street  
Philadelphia, Pennsylvania 19104

(215) 662-6515

February 25, 1986

To Whom It May Concern:

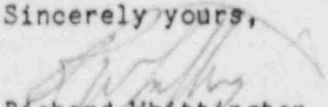
SUBJECT: Clinical Training Experience of Jacqueline M. Lyon  
and Brachytherapy

Dr. Jacqueline M. Lyon has been a resident in training at the Hospital of the University of Pennsylvania since my arrival in January, 1985. I succeeded Dr. Philip Litman, as the physician responsible for the radiation therapy of patients with gynecologic and genitourinary tumors. Between July 1 and October 10, 1985, Dr. Lyon was a resident rotating on the GYN/GU services. During this time, she was directly responsible for 11 gynecologic brachytherapy procedures. She was trained in the use of the Fletcher Suit Delcos applicator, as well as the Burnette applicator, and a modified Fletcher applicator. She also performed one interstitial vaginal implant, and one interstitial rectal implant. She also participated in three iodine 125 prostate implants. Prior to this time, during her other rotation, she has participated in an additional five gynecologic procedures.

She has also completed the clinical radioisotope training sessions of the radiation physics course which all residents are trained in. She is also involved in the clinical dose calculations of all patients in whose care she participated. She has also completed the radiobiology lecture course which all residents complete during their training. Individuals responsible for this training have noted her participation in the course to be excellent. While working with me, I found her understanding of the indications and contraindications for brachytherapy procedures to be excellent. I found her to be very adept in handling the applicators, and her treatment planning skills were far above average.

Should you need any further information, please do not hesitate to contact.

Sincerely yours,

  
Richard Whittington, M.D.

RW/imj

## 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:	
Jacqueline Marie Lyon			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.	
411 Meadowbrook Drive			3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.	
CITY	STATE	ZIP CODE		
Huntingdon Valley	PA	19006		

## 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		
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS		
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		
OTHER			
Tc-99m	BRAIN IMAGING		
	CARDIAC IMAGING		
	THYROID IMAGING		
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING		
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING		
	LUNG IMAGING		
	BONE IMAGING		
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		
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT	5	
I-125 or Ir-192	INTERSTITIAL TREATMENT	1	
Co-60 or Cs-137	TELETHERAPY TREATMENT	45	
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

1/1/84 - 3/31/84 350 hours  
10/85 - 1/86

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

a. NAME OF SUPERVISOR

Lawrence R. Coia

b. NAME OF INSTITUTION

American Oncologic Hospital

c. MAILING ADDRESS

Control and Shelton Ave

d. CITY

Philadelphia

## 5. MATERIALS LICENSE NUMBER(S)

37-02766-01

## 6. PRECEPTOR'S SIGNATURE

Lawrence R. Coia

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

Lawrence R. Coia, M.D.

## 8. DATE

18 February 1986





FOX CHASE  
CANCER CENTER

AMERICAN ONCOLOGIC HOSPITAL ■ CENTRAL & CHELSEA AVENUES ■ PHILADELPHIA, PENNSYLVANIA 19111

DEPARTMENT OF RADIATION THERAPY

215/728-2581

February 19, 1986

RE: Jacqueline M. Lyon, M.D.

To Whom It May Concern:

Jacqueline Lyon has served in our Residency Training Program at the University of Pennsylvania/Fox Chase Cancer Center over the past three years. Her training and experience have included the use of group 6 sources. These have included Cesium 137, Cobalt 60, Iodine 125, Iridium 192 as outlined on her application. I can attest that she is competent in using the sources independently for therapy procedures.

Respectfully submitted,

Lawrence R. Coia, M.D.

LRC:fk

## 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  Jacqueline Marie Lyon			
STREET ADDRESS  6 Stratford Park			
CITY  Bloomfield,	STATE  CT	ZIP CODE  06002	

## 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		
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS		
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		
OTHER			
Tc-99m	BRAIN IMAGING		
	CARDIAC IMAGING		
	THYROID IMAGING		
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING		
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING		
	LUNG IMAGING		
	BONE IMAGING		
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		NOTE: This Preceptor Statement has been prepared to document the Brachytherapy cases that Dr. Lyon has performed while employed by the Hartford Radiation Oncology Associates, P.C., and, exercising her practice at Hartford Hospital, Hartford, CT. This do- cument supplements the information from her residency and training programs.
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	1	
	INTRACAVITARY TREATMENT	7	
I-125 or Ir-192	INTERSTITIAL TREATMENT		
	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE	1	
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR		
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS		
Other Au-198	Interstitial Treatment	1	

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

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

a. NAME OF SUPERVISOR  
Andrew L. Salner, M.D.

b. NAME OF INSTITUTION  
Hartford Hospital, Radiation Therapy Dept.

c. MAILING ADDRESS  
80 Seymour Street

d. CITY  
Hartford, CT 06115

5. MATERIALS LICENSE NUMBER(S)  
06-00253-04

### 6. PRECEPTOR'S SIGNATURE

*Andrew L. Salner*

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

Andrew L. Salner, M.D.

### 8. DATE

March 27, 1987

HARTFORD RADIATION ONCOLOGY ASSOCIATES, P.C.  
DEPARTMENT OF RADIATION THERAPY

HARTFORD HOSPITAL  
80 SEYMOUR STREET  
HARTFORD, CONNECTICUT 06115  
(203) 524-2803

ANDREW L. SALNER, M.D.  
JUDITH A. BUCKLEY, M.D.  
WILLIAM J. ABERIZK, M.D.  
JACQUELINE M. LYON, M.D.

UNIVERSITY OF CONNECTICUT HEALTH CENTER  
263 FARMINGTON AVENUE  
FARMINGTON, CONNECTICUT 06032  
(203) 674-3225

BUSINESS OFFICE:  
85 JEFFERSON STREET  
SUITE 814  
HARTFORD, CT 06106  
(203) 560-1445

October 20, 1986

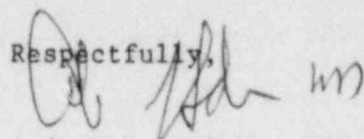
Mr. Peter J. Mas, M.S.  
Health Physicist  
Radiation Safety Office  
Hartford Hospital  
80 Seymour Street  
Hartford, CT 06115

Dear Pete:

This letter is to clarify that brachytherapy patient treatments of Jacqueline M. Lyon, M.D. will be performed under the supervision of our group. The brachytherapy treatment data form, generated by the medical physics section, will bear a counter signature indicating the approval of the loading and prescription of the sealed sources.

We hope this letter will satisfy the requirements of the Nuclear Regulatory Commission and also provide a competent radiotherapy physician with the ability to practice her specialty of medicine. Should you have any questions, please do not hesitate to contact me.

Respectfully,



Andrew L. Salner, M.D.  
Director of Radiation Therapy

ALS:ews



030-01239

02120

3/91

BETWEEN: C. James Holloway, Chief  
License Fee Management Branch  
Office of Resource Management

John E. Glenn, Chief  
Nuclear Materials Safety & Safeguards Section B  
Division of Radiation Safety and Safeguards

## LICENSE FEE TRANSMITTAL

A. REGION I1. APPLICATION ATTACHEDApplicant/Licensee: Hartford Hosp.Application Dated: 4-23-87Control No.: 10-186License No.: 06-00 253-042. FEE ATTACHEDAmount: \$120Check No.: 4221323. COMMENTSSigned SLJDate 5-4-87B. LICENSE FEE MANAGEMENT BRANCH1. Fee Category and Amount: 7c 3E \$120

## 2. Correct Fee Paid. Application may be processed for:

Amendment ✓Renewal \_\_\_\_\_License \_\_\_\_\_Signed S. KimberlyDate 5/8/87