



ms-16  
T7  
(406) 442-2480 • 2475 Broadway, Helena, Montana 59601

April 3, 1987

U.S. Nuclear Regulatory Commission  
Region IV  
611 Ryan Plaza Drive  
Suite 1000  
Arlington, Texas 76011

Dear Mr. Everett,

Enclosed is the information that you requested in your letter pertaining to the re-submission of our application for license renewal.

Please note reference: Docket No. 030-10917  
License No. 25-12453-02  
Mail Control No. 419607

Sincerely, .

Joseph M. Rizza, M.D., Director

John Guy, Administrator  
St. Peter's Hospital  
Department of Nuclear Medicine  
2475 Broadway  
Helena, MT 59601

JMR:JG:jb

*for her info see 3/24/84 ltr.*

8801220163 870812  
REG4 LIC30  
25-12453-02 PDR

419607

## EXHIBIT A

FORM NRC-313M (8-78) 10 CFR 35	U.S. NUCLEAR REGULATORY COMMISSION <b>APPLICATION FOR MATERIALS LICENSE – MEDICAL</b>	Approved GAO R0687
<b>INSTRUCTIONS</b> - Complete items 1 through 36 if this is an initial application or an application for renewal of a license. Use supplemental sheets where necessary. Item 26 must be completed on all applications and signed. Retain one copy. Submit original and one copy of entire application to: Director, Office of Nuclear Materials Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, D.C. 20545. Upon approval of this application, the applicant will receive a Materials License. An NRC Materials License is issued in accordance with the general requirements contained in Title 10, Code of Federal Regulations, Part 30, and the License is subject to Title 10, Code of Federal Regulations, Parts 19, 20 and 35 and the license fee provisions of Title 10, Code of Federal Regulations, Part 170. The license fee category should be stated in item 26 and the appropriate fee enclosed.		
<b>1.a. NAME AND MAILING ADDRESS OF APPLICANT (institution, firm, clinic, physician, etc.) INCLUDE ZIP CODE</b> St. Peters Hospital John Guy, Administrator Dept of Nuclear Medicine 2475 Broadway Helena, Montana 59601 TELEPHONE NO.: AREA CODE ( ) _____		<b>1.b. STREET ADDRESS(ES) AT WHICH RADIOACTIVE MATERIAL WILL BE USED (if different from 1.a.) INCLUDE ZIP CODE</b>  same
<b>2. PERSON TO CONTACT REGARDING THIS APPLICATION</b>  Joseph M. Rizza, M.D. TELEPHONE NO.: AREA CODE (406) 442-2480		<b>3. THIS IS AN APPLICATION FOR: (Check appropriate item)</b> <input type="checkbox"/> NEW LICENSE <input type="checkbox"/> AMENDMENT TO LICENSE NO. _____ <input checked="" type="checkbox"/> RENEWAL OF LICENSE NO. 25-12453-02 mail control# 419607
<b>4. INDIVIDUAL USERS (Name individuals who will use or directly supervise use of radioactive material. Complete Supplements A and B for each individual.)</b>  See attached letter		<b>5. RADIATION SAFETY OFFICER (RSO) (Name of person designated as radiation safety officer. If other than individual user, complete resume of training and experience as in Supplement A.)</b>  Joseph m. Rizza, M.D.
<b>6.a. RADIOACTIVE MATERIAL FOR MEDICAL USE</b>		
<b>RADIOACTIVE MATERIAL LISTED IN:</b>	<b>ITEMS DESIRED</b> "X"	<b>MAXIMUM POSSESSION LIMITS</b> (in millicuries)
10 CFR 31.11 FOR IN VITRO STUDIES	X	AS REQUIRED
10 CFR 35.100, SCHEDULE A, GROUP I	X	AS NEEDED
10 CFR 35.100, SCHEDULE A, GROUP II	X	AS NEEDED
10 CFR 35.100, SCHEDULE A, GROUP III	X	2 Curies
10 CFR 35.100, SCHEDULE A, GROUP IV	X	AS NEEDED
10 CFR 35.100, SCHEDULE A, GROUP V		AS NEEDED
10 CFR 35.100, SCHEDULE A, GROUP VI		
<b>ADDITIONAL ITEMS:</b>	<b>MARK ITEMS DESIRED</b> "X"	<b>MAXIMUM POSSESSION LIMITS</b> (in millicuries)
IODINE-131 AS IODIDE FOR TREATMENT OF HYPERTHYROIDISM	X	500 50
PHOSPHORUS-32 AS SOLUBLE PHOSPHATE FOR TREATMENT OF POLYCYTHEMIA, VERA, LEUKEMIA AND BONE METASTASES		
PHOSPHORUS-32 AS COLLOIDAL CHROMIC PHOSPHATE FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS		
GOLD-198 AS COLLOID FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS		
IODINE-131 AS IODIDE FOR TREATMENT OF THYROID CARCINOMA		
XENON-133 AS GAS OR GAS IN SALINE FOR BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES		
<b>6.b. RADIOACTIVE MATERIAL FOR USES NOT LISTED IN ITEM 6.a. (Sealed sources up to 3 mCi used for calibration and reference standards are authorized under Section 35.14(d), 10 CFR Part 35, and NEED NOT BE LISTED.)</b>		
<b>ELEMENT AND MASS NUMBER</b>	<b>CHEMICAL AND/OR PHYSICAL FORM</b>	<b>MAXIMUM NUMBER OF MILLCURIES OF EACH FORM</b>

# INFORMATION REQUIRED FOR ITEMS 7 THROUGH 23

For Items 7 through 23, check the appropriate box(es) and submit a detailed description of all the requested information. Begin each item on a separate sheet. Identify the item number and the date of the application in the lower right corner of each page. If you indicate that an appendix to the medical licensing guide will be followed, do not submit the pages, but specify the revision number and date of the referenced guide: Regulatory Guide 10.8, Rev. \_\_\_\_\_ Date: \_\_\_\_\_

7. MEDICAL ISOTOPES COMMITTEE		15. GENERAL RULES FOR THE SAFE USE OF RADIOACTIVE MATERIAL (Check One)	
<input checked="" type="checkbox"/>	Names and Specialties Attached; and	<input checked="" type="checkbox"/>	Appendix G Rules Followed; or
<input type="checkbox"/>	Duties as in Appendix B; or _____ (Check One)	<input type="checkbox"/>	Equivalent Rules Attached
<input type="checkbox"/>	Equivalent Duties Attached	18. EMERGENCY PROCEDURES (Check One)	
8. TRAINING AND EXPERIENCE		<input type="checkbox"/>	Appendix H Procedures Followed; or
<input checked="" type="checkbox"/>	Supplements A & B Attached for Each Individual User; and	<input type="checkbox"/>	Equivalent Procedures Attached
<input type="checkbox"/>	Supplement A Attached for RSO.	17. AREA SURVEY PROCEDURES (Check One)	
9. INSTRUMENTATION (Check One)		<input type="checkbox"/>	Appendix I Procedures Followed; or
<input checked="" type="checkbox"/>	Appendix C Form Attached; or	<input type="checkbox"/>	Equivalent Procedures Attached
<input type="checkbox"/>	List by Name and Model Number	18. WASTE DISPOSAL (Check One)	
10. CALIBRATION OF INSTRUMENTS		<input checked="" type="checkbox"/>	Appendix J Form Attached; or
<input type="checkbox"/>	Appendix D Procedures Followed for Survey Instruments; or _____ (Check One)	<input type="checkbox"/>	Equivalent Information Attached
<input type="checkbox"/>	Equivalent Procedures Attached; and	19. THERAPEUTIC USE OF RADIOPHARMACEUTICALS (Check One)	
<input checked="" type="checkbox"/>	Appendix D Procedures Followed for Dose Calibrator; or _____ (Check One)	<input type="checkbox"/>	Appendix K Procedures Followed; or N/A
<input type="checkbox"/>	Equivalent Procedures Attached	<input type="checkbox"/>	Equivalent Procedures Attached
11. FACILITIES AND EQUIPMENT		20. THERAPEUTIC USE OF SEALED SOURCES N/A	
<input checked="" type="checkbox"/>	Description and Diagram Attached	<input type="checkbox"/>	Detailed Information Attached; and
12. PERSONNEL TRAINING PROGRAM		<input type="checkbox"/>	Appendix L Procedures Followed; or _____ (Check One)
<input type="checkbox"/>	Description of Training Attached	<input type="checkbox"/>	Equivalent Procedures Attached
13. PROCEDURES FOR ORDERING AND RECEIVING RADIOACTIVE MATERIAL		21. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE GASES (e.g., Xenon - 133) N/A	
<input checked="" type="checkbox"/>	Detailed Information Attached	<input type="checkbox"/>	Detailed Information Attached
14. PROCEDURES FOR SAFELY OPENING PACKAGES CONTAINING RADIOACTIVE MATERIALS (Check One)		22. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL IN ANIMALS N/A	
<input type="checkbox"/>	Appendix F Procedures Followed; or	<input type="checkbox"/>	Detailed Information Attached
<input type="checkbox"/>	Equivalent Procedures Attached	23. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL SPECIFIED IN ITEM 6 N/A	
<input type="checkbox"/>		<input type="checkbox"/>	Detailed Information Attached

MEMBERS OF THE MEDICAL ISOTOPE COMMITTEE:

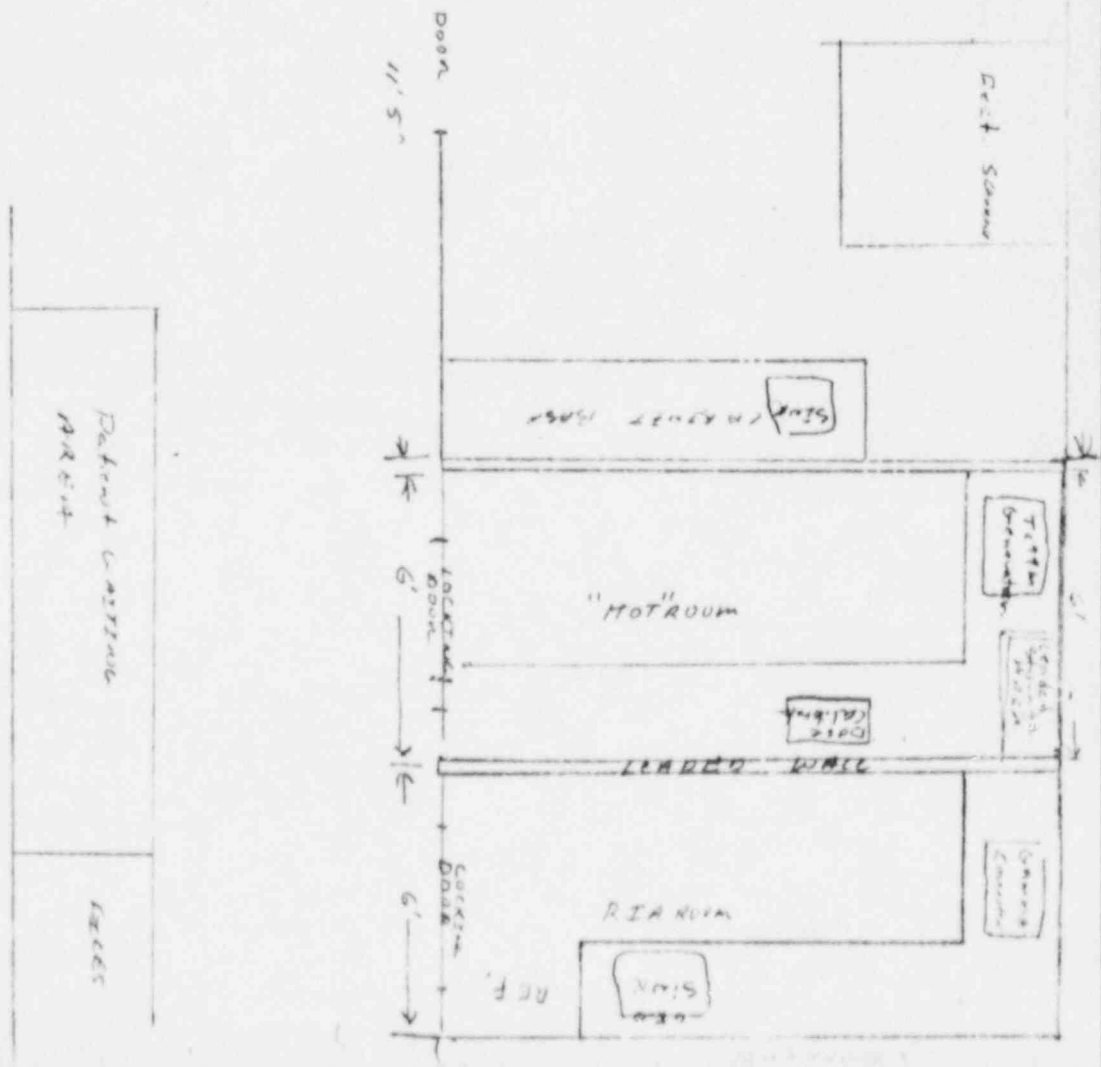
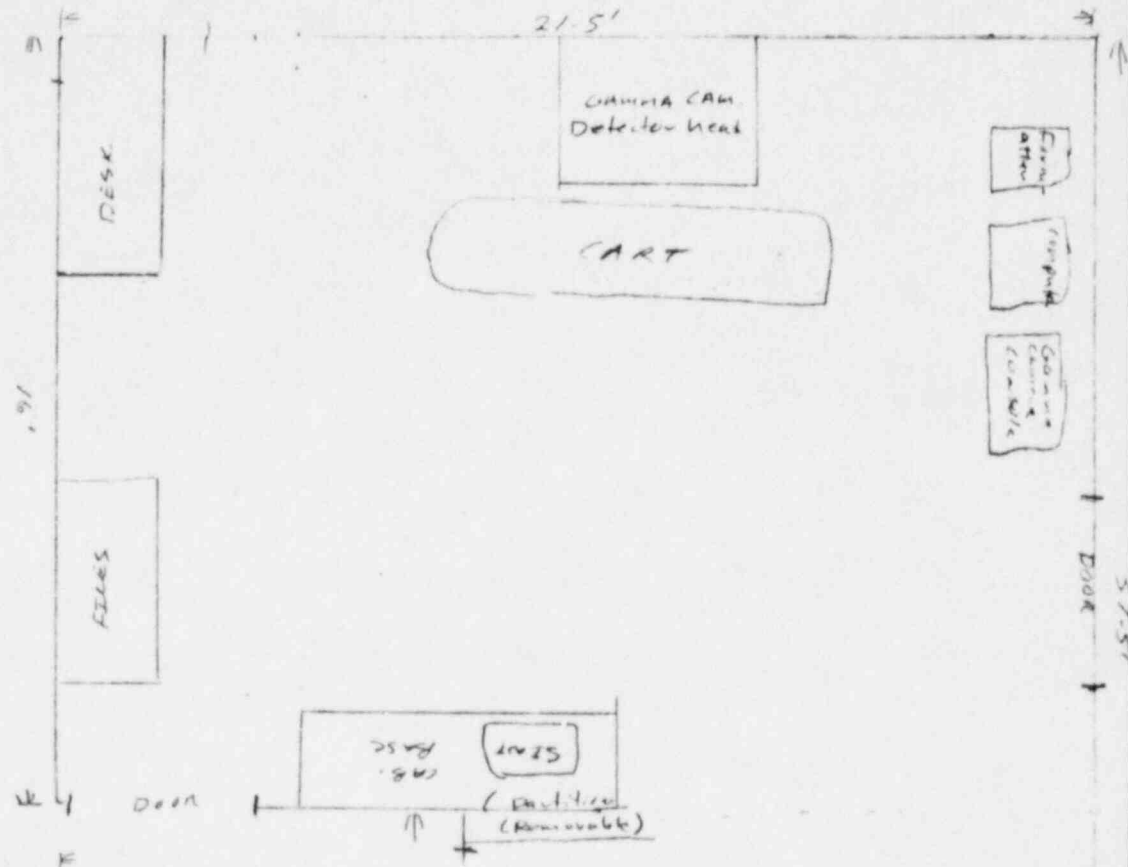
JOSEPH M. RIZZA, MD DIRECTOR

ALAN FLYNN, M.D.

DONALD NICKMAN, M.D.

W. DAWSON LIST, M.D.

MICHAEL G. BOWERS, M.D.



ST. PETERS HOSPITAL  
DEPT. OF NUCLEAR MEDICINE

Policy Concerning Incoming Shipments of Radionuclides

1. Regular working hours for the Dept. of Nuclear Medicine are scheduled from 8:00 to 4:30 Monday through Friday and it is only during those hours that the Dept will receive radioactive materials. During off hours it will be the responsibility of the shipper to maintain these isotopes in his possession until the Technologist in charge of the Dept. may secure these materials and check for possible entry or contamination which may have occurred during the shipping process.
2. All Radioactive Materials upon receipt are to be placed in the "Hot Room" or isotope storage room and the procedure for inspection of packages is to begin immediately.
3. Disposable gloves should be worn while processing the packages and remote handling devices should be used when possible.

Procedure

1. Measure the exposure rate at the package surface with the Picker portable survey meter. Record the exposure rate (mR/hr) at the bottom of the proper log form. (if the exposure rate exceeds 50 mR/hr do not open. Notify the Radiation Safety Officer.
2. Open outer package and remove packing slip. Open inner package and verify that the contents agree in name and activity with the packing slip.
3. Check for possible breakage of seals or containers, loss of liquid or change in color of liquid absorbing material.
4. If the shipment appears intact, remove the radioactive material from the outer package and place behind lead shielding.
5. Monitor the package's outer surface and inner contents for radioactive contamination. Document any pertinent findings on the packing slip.
6. Record the date the shipment was received, radionuclide, chemical form, activity, supplier, and disposition.
7. Store the radioactive material at designated location. Record radiopharmaceuticals used in the proper log book.
8. Immediately notify the Radiation Safety Officer of damage or breakage in the shipping container or of any discrepancies.

NOTE: Contaminated containers, lids, shields, etc. should be discarded in the "hot" waste containers. Uncontaminated items may be discarded in the regular waste containers after removing or defacing any labels indicating the presence of radioactive material.

Shipments of NaI131 should be processed under hood.

RADIOISOTOPE LABORATORY RULES FOR SAFETY AND PROTECTION

1. No person under the age of 18 yrs is allowed in the restricted area of the isotope laboratory.
2. Laboratory coats shall be worn by all individuals handling radioactive activity. Coats will be kept in the laboratory and monitored prior to removal for laundering.
3. Impervious gloves will be worn whenever radioactive sources are being handled. Contaminated gloves will be stored in metal container in laboratory until activity has decayed to background levels.
4. Smoking is not allowed in areas where work with unsealed radioactive sources is in progress or where contamination may exist. Under no circumstances should cigarettes, cigars or pipes be laid on tables or benches where radioactive work has been or is in progress.
5. Eating, storing or preparation of food is forbidden in a laboratory or rooms where work with unsealed radioactive sources is taking place or where contamination may exist.
6. Personnel working in areas containing radioactive materials shall wash their hands with plenty of soap before eating, smoking, or leaving the work area.
7. Film badges are to be worn whenever working with radioactive sources in the laboratory. Badge is to be left in laboratory, away from storage area, at close of work day.
8. Work which may result in contamination of work areas shall be done over stainless steel trays or trays lined with heavy absorbent paper.
9. Pipetting by mouth is not permitted. Use propipets as supplied in the laboratory.
10. Record in designated log book, results of survey of laboratory indicating areas inspected; wipe test activity levels, area, if any, that is contaminated.
11. Spills or accidents resulting in laboratory contamination must be reported to the Radiation Safety Officer and recorded in the log book.
12. Record all receipts, transfers, usage, disposal, etc. of radioactive sources in record book kept in laboratory for the purpose outlined.
13. Keep door to storage area closed and locked when area not in use.



## APPENDIX J

### WASTE DISPOSAL

**Note:** In view of the recent problems with shallow-land burial sites used by commercial waste disposal firms, NRC is encouraging its licensees to reduce the volume of wastes sent to these facilities. Important steps in volume reduction are to segregate radioactive from nonradioactive waste, to hold short-lived radioactive waste for decay in storage, and to release certain materials in the sanitary sewer in accordance with § 20.303 of 10 CFR Part 20.

1. Liquid waste will be disposed of (check as appropriate)

☒ In the sanitary sewer system in accordance with § 20.303 of 10 CFR Part 20.

☐ By commercial waste disposal service (see also Item 4 below).

☐ Other (specify): \_\_\_\_\_

2. Mo-99/Tc-99m generators will be (check as appropriate)

☒ Returned to the manufacturer for disposal.

☐ Held for decay\* until radiation levels, as measured in a low background area with a low-level survey meter and with all shielding removed, have reached background levels. All radiation labels will be removed or obliterated, and the generators will be disposed of as normal trash.\*\*

\* Be sure that waste storage areas were described in Item 11 and that they are surveyed periodically (Item 17).

\*\* These generators may contain long-lived radiolanthanide contaminants. Therefore, the generator columns will be segregated so that they may be monitored separately to ensure decay to background levels prior to disposal.

☐ Disposed of by commercial waste disposal service (see also Item 4 below).

☐ Other (specify): \_\_\_\_\_

3. Other solid waste will be (check as appropriate)

☒ Held for decay\* until radiation levels, as measured in a low background area with a low-level survey meter and with all shielding removed, have reached background levels. All radiation labels will be removed or obliterated, and the waste will be disposed of in normal trash.

☐ Disposed of by commercial waste disposal service (see also Item 4 below).

☐ Other (specify): \_\_\_\_\_

4. The commercial waste disposal service used will be

(Name) \_\_\_\_\_ (City, State) \_\_\_\_\_

NRC Licensee State License No. \_\_\_\_\_



# APPENDIX H EMERGENCY PROCEDURES

## Minor Spills

1. NOTIFY: Notify persons in the area that a spill has occurred.
2. PREVENT THE SPREAD: Cover the spill with absorbent paper.
3. CLEAN UP: Use disposable gloves and remote handling tongs. Carefully fold the absorbent paper and pad. Insert into a plastic bag and dispose of in the radioactive waste container. Also insert into the plastic bag all other contaminated materials such as disposable gloves.
4. SURVEY: With a low-range, thin-window G-M survey meter, check the area around the spill, hands, and clothing for contamination.
5. REPORT: Report incident to the Radiation Safety Officer.

## Major Spills

1. CLEAR THE AREA: Notify all persons not involved in the spill to vacate the room.
2. PREVENT THE SPREAD: Cover the spill with absorbent pads, but do not attempt to clean it up. Confine the movement of all personnel potentially contaminated to prevent the spread.

3. SHIELD THE SOURCE: If possible, the spill should be shielded, but only if it can be done without further contamination or without significantly increasing your radiation exposure.
4. CLOSE THE ROOM: Leave the room and lock the door(s) to prevent entry.
5. CALL FOR HELP: Notify the Radiation Safety Officer immediately.
6. PERSONNEL DECONTAMINATION: Contaminated clothing should be removed and stored for further evaluation by the Radiation Safety Officer. If the spill is on the skin, flush thoroughly and then wash with mild soap and lukewarm water.

RADIATION SAFETY OFFICER: DR. R. T. Z. Z.  
OFFICE PHONE: 444-2310 ext. 2326  
HOME PHONE: 933-5327

## ALTERNATE NAMES AND TELEPHONE NUMBERS DESIGNATED BY RADIATION SAFETY OFFICER:

<u>JAMES K. K. K.</u>	<u>443-3957</u>	<u>Supervisor</u>
<u>J. H. J.</u>	<u>443-1998</u>	

\* The appropriate information for your facility should be supplied in these blanks when posting these procedures or submitting them with the application.

# APPENDIX C INSTRUMENTATION

## Survey meters

- a. Manufacturer's name: VICTOREEN  
 Manufacturer's model number: 740-F Serial # 1297  
 Number of instruments available: 1  
 Minimum range: 0 mR/hr to 25 mR/hr  
 Maximum range: 0 mR/hr to 2500 mR/hr
- b. Manufacturer's name: PICKER GEN. SURVEY METER  
 Manufacturer's model number: DA  
 Number of instruments available: 1  
 Minimum range: 0 mR/hr to 0.1 mR/hr  
 Maximum range: 0 mR/hr to 50 mR/hr

## Dose calibrator

Manufacturer's name: Squibb - CAPINTEC  
 Manufacturer's model number: CRG-16 Serial # 16265  
 Number of instruments available: 1

## Instruments used for diagnostic procedures

Type of Instrument	Manufacturer's Name	Model No.
1 GAMMA CAMERA	1 TECHNISCHE	1 B 438 / 560000000000
2 RECT. SCANNER - UNIKOR SAIDA	2 PICKER	2
3 GAMMA COUNTER	3 PICKER	3 SPECTROSCAIA TDA
4 GAMMA COUNTER	4 NIMB	4 5000
Other (e.g., liquid scintillation counter, area monitor, velocimeter)		

# CALIBRATION OF SURVEY INSTRUMENTS

Check appropriate items.

- ☒ 1. Survey instruments will be calibrated at least annually and following repair.
- ☐ 2. Calibration will be performed at two points on each scale for radiation protection purposes, i.e., at least up to 1 R/hr.

The two points will be approximately 1/3 and 2/3 of full scale. A survey instrument may be considered properly calibrated when the instrument readings are within  $\pm 10$  percent of the calculated or known values for each point checked. Readings within  $\pm 20$  percent are considered acceptable if a calibration chart, graph, or response factor is prepared, attached to the instrument, and used to interpret readings to within  $\pm 10$  percent. Also, when higher scales are not checked or calibrated, an appropriate precautionary note will be posted on the instrument.

3. Survey instruments will be calibrated

- ☐ a. By the manufacturer
- ☐ b. At the licensee's facility

- (1) Calibration source

Manufacturer's name \_\_\_\_\_  
 Model no. \_\_\_\_\_  
 Activity in millicuries \_\_\_\_\_  
 or  
 Exposure rate at a specified distance \_\_\_\_\_  
 Accuracy \_\_\_\_\_  
 Traceability to primary standard \_\_\_\_\_

- ☐ (2) The calibration procedures in Section 1 of Appendix D will be used

or

- ☐ (3) The step-by-step procedures, including radiation safety procedures, are attached.

- ☒ c. By a consultant or outside firm

- (1) Name Rod Winner, Ph.D.

- (2) Location 500 15th Ave. S. (Columbus Hospital) Great Falls, Mont. 59402

- (3) Procedures and sources

☒ have been approved by NRC and are on file in license No. 25-02337-03

☐ have been approved by an Agreement State; a copy of the Agreement State license, the procedures, and a description of the sources are attached, and the consultant's report will contain the information on

☐ the attached "Certificate of Instrument Calibration."  
☐ the consultant's reporting form as attached.

☐ are described in the attachment, and the consultant's report will contain the information on

☐ the attached "Certificate of Instrument Calibration."  
☐ the consultant's reporting form as attached.

Follows methods & procedures in 10.8 & FC414

TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

JOSEPH M. RIZZA, M.D.

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

3. CERTIFICATION

SPECIALTY BOARD  
A

CATEGORY  
B

MONTH AND YEAR CERTIFIED  
C

THE AMERICAN BOARD OF  
NUCLEAR MEDICINE

SEE ATTACHED COPY WITH  
PRECEPTOR STATEMENT

DEC. 1, 1975

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			
b. RADIATION PROTECTION			
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY			
d. RADIATION BIOLOGY			
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

Please note the following individuals should be listed under  
License number 25-12453-02:

Joseph M. Rizza, M.D.	ALL
Alan Flynn, M.D.	ALL
Donald Nickman, M.D.	Groups I, II, and III
W. Dawson List, M.D.	Groups I, II, and III
Michael G. Bowers, M.D.	Groups I, II, and III



# The American Board of Nuclear Medicine

A CONJOINT BOARD OF THE  
AMERICAN BOARDS OF INTERNAL MEDICINE,  
PATHOLOGY, AND RADIOLOGY, & SPONSORED  
BY THE SOCIETY OF NUCLEAR MEDICINE

475 Park Avenue South, New York, New York, 10016 Telephone 212-889-0717

December 1, 1975

Joseph Michael Rizza, M.D.  
St. Peter's Hospital  
2475 Broadway  
Helena, MT 59601

Dear Dr. Rizza:

With great pleasure the Conjoint American Board of Nuclear Medicine informs you that you have passed its September 20, 1975, Certifying Examination in the broad field of Nuclear Medicine and now are recognized as a Certified Specialist with special competence in all aspects of the diagnostic, therapeutic, and medical research uses of radioactive materials.

A certificate indicating this recognition will be sent to you in the near future. Please indicate on the enclosed card the way in which you wish your name to be engrossed upon the certificate and return it as soon as possible to the ABNM office.

The Conjoint American Board of Nuclear Medicine congratulates you upon your achievement and this recognition.

Sincerely,

*Joseph F. Ross*  
Joseph F. Ross, M.D.  
Chairman

JFR:tb  
Enc.

Chairman  
JOSEPH F. ROSS, M.D.  
Los Angeles, California

S. JAMES ADAMS, M.D.  
Boston, Massachusetts

ARTHUR A. BENTLEY, M.D.  
Buffalo, New York

Secretary  
TYRA T. HUTCHINGS, M.D.  
Portland, Oregon

ANTHONY B. FISH, M.D.  
Eugene, Oregon

ALEXANDER GOTTSCHEK, M.D.  
New Haven, Connecticut

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HENRY N. WACHNER, JR., M.D.  
Baltimore, Maryland

JOSEPH R. KRIS, M.D.  
Stanford, California

DAVID J. KUHLE, M.D.  
Philadelphia, Pennsylvania

Treasurer  
W. NEWTON TAYLOR, M.D.  
Birmingham, Alabama

JOHN C. SCATTELL, M.D.  
Syracuse, New York

BETHABRA CETEROS, M.D.  
San Diego, California

APPLICATION FOR BYPRODUCT MATERIAL LICENSE—MEDICAL

SUPPLEMENT A—PRECEPTOR STATEMENT

This page is to be completed by the physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each. Back of page may be used for comments.

9. NAME AND ADDRESS OF APPLICANT PHYSICIAN (Signature of Clerk)

JOSEPH RIZZA, M.D.  
2001 CARRINGTON  
RICHMOND, VIRGINIA

10. CLINICAL TRAINING AND EXPERIENCE OF PHYSICIAN NAMED IN ITEM 9 ABOVE

(A) ISOTOPE	(B) CONDITIONS DIAGNOSED OR TREATED	(C) No. Cases Observed (See 1 in key below)	(D) No. Cases Involving Personal Participation (See 2 in key below)
I-131	Diagnosis of thyroid function	TOTAL	137
I-131	Diffusion studies	T <sub>3</sub> +T <sub>4</sub>	18
I-131	Excretion studies	P.A.E.	11
I-131	Brain tumor localization		8
I-131	Scanning studies		18
I-131	Treatment of hypothyroidism	LUNG SCANS	3
I-131	Treatment of cardiac conditions	RENAL SCANS	6
I-131	Treatment of thyroid carcinoma	RENAL SCANS	
P-32	Treatment of polycythemia		
Soluble	Treatment of leukemia		
	Treatment of bone metastases		
	Tumor localization		
	Intracavitary treatment		
	Interstitial treatment		
Au-198	Intracavitary treatment		
	Interstitial treatment		
	Scanning studies		
Cr-51	Blood determinations	PROTEIN LOSS	1
P-32	Scanning studies		
Co-58 or Ce-60	Diagnosis of pernicious anemia		
Co-60	Intracavitary treatment		
I-192	Intracavitary treatment		
Co-60 or Cs-137	Teletherapy treatment		
Sr-90	Treatment of superficial diseases of the eye		
Other Isotopes (Use back of page)	SEE OTHER SIDE		

Key to Columns (C) and (D) above

- Observation should consist of observing radioisotope administration techniques and discussion with preceptor the case histories to establish most appropriate diagnostic and/or therapeutic procedure, limitation, contraindications, etc.
- Personal participation should consist of (a) supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation on dosage to be prescribed; (b) collaboration in calibration of the dose and the actual administration of the dose; (c) including calculation of the radiation dose, related measurements and plotting of data; and (d) adequate period of training to ensure competence to manage radioactive patients and to follow patients through diagnosis and/or the course of treatment.

11. DATES AND TOTAL NUMBER OF HOURS OF CLINICAL RADIOISOTOPE TRAINING 1 FEB 92 to 29 FEB 92 160 hrs

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

McGuire V.A. HOSPITAL  
RICHMOND, VA.

45-09473-06

HEDEN MD  
Signature of Preceptor

AT

(Institution Name and Address)

(Byproduct Material License Number)

(Signature of Preceptor)



APPLICATION FOR BYPRODUCT MATERIAL LICENSE—MEDICAL  
SUPPLEMENT A—HUMAN USE

PAGE 4

This page may be used for providing additional information.

Brain scans 55  
 Liver scans 33  
 Spleen scans 33  
 Renal scans 14

~~Iodine 125 T<sub>3</sub> & T<sub>4</sub> 13~~

~~Thallium 201~~

Cobalt-57 Schilling 3

Mercury-203 Renal scan 2

TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER <b>MICHAEL G. BOYERS MD</b>		2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE <b>MASSACHUSETTS CK # 4904</b>
3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
<b>AMERICAN BOARD of RADIOLOGY</b>	<b>DIAGNOSTIC RADIOLOGY</b>	<b>JUNE 1983</b>

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	Hartford Hospital Radiology Dept., Hartford, Ct. 3-year residency in Radiology (7/80-6/83) including a 3-month Nuclear Medicine training and practicum rotation	120	5
b. RADIATION PROTECTION		10	5
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY		25	
d. RADIATION BIOLOGY		30	
e. RADIOPHARMACEUTICAL CHEMISTRY		35	

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	30 mCi	as above	as above	Diagnostic imaging
Xe-133	13 mCi	"	"	Pulmonary imaging
I-131	100 uCi	"	"	Thyroid imaging and uptake
Yb-169	1 mCi	"	"	Cisternography

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

MICHAEL G. BOWERS MD

STREET ADDRESS

ST PETER'S HOSPITAL 3475 BROADWAY  
CITY STATE ZIP CODE

HELENA

MT 59601

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 sheet.) D
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION	3	
	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	3	
P-32	EYE TUMOR LOCALIZATION	—	
Sr-75	PANCREAS IMAGING	—	
Yb-169	CISTERNOGRAPHY	2	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	125	
OTHER	GALLIUM	60	Also Thallium HT studies - 80
Tc-99m	BRAIN IMAGING	30	
	CARDIAC IMAGING <i>Persephosphoric M</i>	3	
	THYROID IMAGING	100	Also 3 cases of I-123 Thyroid studies
	SALIVARY GLAND IMAGING	3	
	BLOOD POOL IMAGING	200	* Mostly two types a) GI BLEED study b) CARDIAC MUGA study
	PLACENTA LOCALIZATION	—	
	LIVER AND SPLEEN IMAGING	175	
	LUNG IMAGING <i>V/Q</i>	125	
	BONE IMAGING	300	
OTHER	BILIARY (HIDA)	30	MURKINS SCAN - 3 Also RENAL Tc-99m DTPA - 80

# 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 (Colloid)	INTRACAVITARY TREATMENT	—	
I-131	TREATMENT OF THYROID CARCINOMA	—	
	TREATMENT OF HYPERTHYROIDISM	—	
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	5	
Sn-113/ In-113m	GENERATOR	— <del>11</del> error	
Tc-99m	REAGENT KITS	5	
Other			

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

July 1 → Sept 1 1982 --- 2 months 5 day/week 40 hr per week.  
FEB 1 → MARCH 1 1983 --- (1 month) 5 days/week or 4 hr per week

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

#### a. NAME OF SUPERVISOR

John J. Sziklas, Director

#### b. NAME OF INSTITUTION

Clinical Nuclear Medicine, Hart. Hosp.

#### c. MAILING ADDRESS

80 Seymour Street

#### d. CITY

Hartford, Conn. 06115

#### 5. MATERIALS LICENSE NUMBER(S)

# 06-00253-04

### 6. PRECEPTOR'S SIGNATURE

John J. Sziklas MD

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

John J. Sziklas, M. D.

### 8. DATE

June 9, 1983

## 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

Donald Francis Nickman

STREET ADDRESS

1123 Missoula

CITY

Helena MT 59601

## KEY TO COLUMN: C

## PERSONAL PARTICIPATION SHOULD CONSIST OF:

1-Supervised examination of patients to determine the suitability for radioactive 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 sheet.) D
	DIAGNOSIS OF THYROID FUNCTION		<i>Residency at University of Colorado 1969-1972</i>
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME		
I-131 or I-125	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		
Sr-75	PANCREAS IMAGING		
Yb-169	OSTERNOGRAPHY		
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 (Colloid)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM		
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Co-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192 Co-60 or Co-137	INTERSTITIAL TREATMENT		
	TELE THERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR		
Sr-90/ Y-90	GENERATOR		
Tl-201	REAGENT KITS		
Other			

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

Residency, University of Colorado 1969-1972  
Board Certified American Board of Radiology 1974  
Post Graduate Education with Nuclear Medicine  
through Multiple Courses 1972-1987. I have

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

1. NAME OF SUPERVISOR

Donald F. Nickman

2. NAME OF INSTITUTION

University of Colorado

3. MAILING ADDRESS

Denver, Colo.

4. CITY

Denver, Colo.

5. MATERIALS LICENSE NUMBER (if)

6. PRECEPTOR'S SIGNATURE

Donald F. Nickman

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

Donald F. Nickman

8. DATE

4-2-87

(over)

Received AMA physicians Recognition  
Award consistently for Post-graduate  
Education since 1972.

Jan. 1986 - 40 hours <sup>Nuclear Medicine</sup> Post-graduate fellow-  
ship Washington University,  
Mallinckrodt Institute of Radiol-  
ogy, St. Louis, Mo.

Recent experience of involvement  
in daily Nuclear Medicine activities  
at St Peter's Hospital, Helena, Montana  
for last 6 or 8 yrs.



ST. PETERS HOSPITAL  
2475 Broadway  
Helena, Montana 59601

Note: regarding copies of preceptor statements on W.D.List, M.D.

When the original application was made with the preceptor statements they were submitted with the application. There are no longer any copies available at this institution. If not on file under this license, please advise.