



Framingham Union Hospital

115 Lincoln St., Framingham, Massachusetts 01701 • (617) 879-7111

A Community Teaching Hospital Affiliated with Boston University Medical Center

June 25, 1987

John E. Glenn, Ph.D., Chief
Nuclear Materials Safety Section B,
Division of Radiation Safety and Safeguards
U.S. Nuclear Regulatory Commission
Region 1
631 Park Avenue
King of Prussia, PA 19406

Dear Dr. Glenn:

This letter is to request amendment of NRC license #20-10621-01 issued to the Framingham Union Hospital, Framingham, MA 01701, to add Madeline S. Crivello, M.D. as an individual user to the byproduct materials license. Enclosed is a copy of Dr. Crivello's preceptorship statement supporting this request.

Sincerely,

James C. Fannin, Jr.
James C. Fannin, Jr.
Chief Operating Officer

Enclosure: Check \$120.00

Log	Jul 11
Remitter	
Check No.	823593
Amount	\$120
Fee Code	7C
Type of fee	AMD
Date Check Rec'd.	7/23/87
Date Completed	7/23/87
By:	<i>Shamberly</i>

87 JUL 23 10:54

ML10

0801220309 870812
REG1 LIC30
20-10621-01 PDR

RECEIVED-REGION 1
11 JUL 11 AM 1:27

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"OFFICIAL RECORD COPY"

13 JUL 1987

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER Madeline S. Crivello, M.D.	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE Massachusetts
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3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
American Board of Radiology		June 1983
American Board of Internal Medicine		September 1980

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	1. Completed a 3-year residency in Diagnostic Radiology, w/ three months training in Nuclear Medicine.	522	5	
b. RADIATION PROTECTION	2. In addition, while on-call, I handled on the average 1 nuclear medicine case/on-call	100		
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	3. To prepare for our written exam for certification, we had 2 hrs of radiation physics/	30		
d. RADIATION BIOLOGY	mathematics/radiation biology and radiation protection lectures for 20 weeks.	20		
e. RADIOPHARMACEUTICAL CHEMISTRY	4. In addition, we received bi-monthly lectures by the staff in Nuclear Medicine.	50		

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
		Beth Israel Hospital	July 1 1980 - June 30, 1983	Clinical

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		<p>KEY TO COLUMN C</p> <p>PERSONAL PARTICIPATION SHOULD CONSIST OF:</p> <p>1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.</p> <p>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.</p> <p>3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.</p>	
FULL NAME			
MADELINE S. CRIVELLO, M.D.			
STREET ADDRESS			
Department of Radiology			
Framingham Union Hospital			
CITY	115 Lincoln Street	STATE	ZIP CODE
	Framingham, MA.		01701

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(s).) D
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION		
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	3	
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES	11	
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING		
P-32	EYE TUMOR LOCALIZATION		
Sr-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	36	
OTHER			
Tc-99m	BRAIN IMAGING	19	
	CARDIAC IMAGING		
	THYROID IMAGING	98	
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING	10	
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	184	
	LUNG IMAGING	115	
	BONE IMAGING	306	
OTHER			

Thallium cardiac-265
Gallium- 28
Testicular- 1
Gastric Emptying- 11
Meckel's- 2
Schillings- 28
Hepatobiliary- 39

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		
Co-60 or Cs-137	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	7	
Sr-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	7	
Other			

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

Beth Israel Hospital--Specific rotations in Nuclear Medicine,
November 1981, June 1982, May 1983, for
a total of 540 hours.

On call cases-150 hours Wkly lectures--72 hours

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

a. NAME OF SUPERVISOR
Gerald M. Kolodny, M.D.

b. NAME OF INSTITUTION
Beth Israel Hospital

c. MAILING ADDRESS
330 Brookline Avenue

d. CITY
Boston, MA. 02215

5. MATERIALS LICENSE NUMBER(S)

NRC * 20-00742 -18 exp. 12/31/91

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

6. PRECEPTOR'S SIGNATURE

Gerald M. Kolodny, MD

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

Gerald M. Kolodny, M.D.

8. DATE

May 7, 1987

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

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02120

8/89

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: Framingham Union Hosp.

Application Dated: 6-25-87

Control No.: 107524

License No.: 20-10621-01

2. FEE ATTACHED

Amount: \$120.00

Check No.: 023593

3. COMMENTS

Signed SLJ

Date 7-16-87

B. LICENSE FEE MANAGEMENT BRANCH

1. Fee Category and Amount: 7C \$120

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

Amendment ✓

Renewal

License

Signed J. Penberthy

Date 7/23/87