

# RADIOLOGY ASSOCIATES, Ltd.

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PHONE 363-5806

210 Rockhill Medical Plaza North  
6650 Troost  
Kansas City, Missouri 64131

16 July, 1987

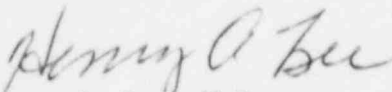
Materials Licensing Section  
U.S. Nuclear Regulatory Commission  
Region III  
799 Roosevelt Road  
Glen Ellyn, Illinois 60137

Dear Sir:

It is requested that our NRC License No. 24-24474-01 be amended to add Joy A. Johnson, M.D. and Richard L. Cronemeyer, M.D. as authorized users of Groups I, II, IV and Xenon-133 and any byproduct material listed in Section 31.11 (a) of 10 CFR 31 for in vitro studies. Dr. Cronemeyer is an approved user of these materials on NRC License No. 24-06806-01 (Baptist Medical Center, Kansas City, Missouri). FORM NRC-313 M Supplement A and FORM NRC-313 M Supplement B for Dr. Johnson are enclosed.

Our check for \$120 is also enclosed to cover the cost of processing this amendment request.

Sincerely,



Henry A. Lee, M.D.  
encl.

Log	July 11
Remitter	9172
Check No.	120
Amount	\$120
For	enc
By	7/30/87

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REG3 LIC30  
24-24474-01 PDR

CONTROL NO. 83857

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TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER  Joy A. Johnson, M.D.		2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE Missouri (active) KS (inactive)
3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
American Board of Radiology National Board of Medical Examiners	Diagnostic Radiology	June, 1982  July, 1979

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	UNIV OF COLORADO MED CTR 1979-1982	100	
b. RADIATION PROTECTION	UNIV OF COLORADO MED CTR 1979-1982	30	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	UNIV OF COLORADO MED CTR 1979-1982	20	
d. RADIATION BIOLOGY	UNIV OF COLORADO MED CTR 1979-1982	20	
e. RADIOPHARMACEUTICAL CHEMISTRY	UNIV. OF COLORADO MED CTR 1979-1982	30	

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

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
Mo99/Tc99m	8 elutions	univ. Colo Med CTR	over 2 months	elutions + calibration
Tc99m	20 kit preps	univ. Colo Med CTR	over 3 months	various kit preparations

## 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 <u>Joy A. JOHNSON, M.D.</u>		PERSONAL PARTICIPATION SHOULD CONSIST OF:	
STREET ADDRESS <u>13715 W. 28th ST</u>		1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.	
CITY <u>LENEXA</u>	STATE <u>KS</u>	ZIP CODE <u>66215</u>	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	11	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	3	
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES	66	
	IN VITRO STUDIES		
OTHER		7	
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING	9	
P-32	EYE TUMOR LOCALIZATION		
Sr-75	PANCREAS IMAGING		
Yb-159	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	93	
OTHER		13	
Tc-99m	BRAIN IMAGING	76	
	CARDIAC IMAGING	121	
	THYROID IMAGING	9	
	SALIVARY GLAND IMAGING	56	
	BLOOD POOL IMAGING	67	
	PLACENTA LOCALIZATION	3	
	LIVER AND SPLEEN IMAGING	82	
	LUNG IMAGING	89	
	BONE IMAGING	180	
OTHER		41	

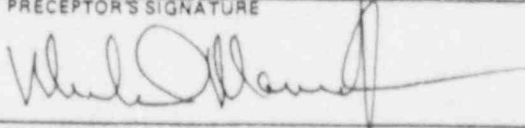
PRECEPTOR STATEMENT (Continued)			
2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)			
ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	2	<p>1 PER WEEK X 2 MOS.</p> <p>MADE UP DAILY / WORKLOAD</p>
P-32 (Colloidal)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA	4	
	TREATMENT OF HYPERTHYROIDISM	3	
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
	TELE THERAPY TREATMENT		
Co-60 or Cs-137	TELE THERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	1 PER WEEK X 2 MOS.	
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	MADE UP DAILY / WORKLOAD	
Other	Co-57, Br-82	3	

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

Six months during residency 1979-81 x 8 hrs./day

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:		5. PRECEPTOR'S SIGNATURE	
a. NAME OF SUPERVISOR William R. Hendee, Ph.D.			
b. NAME OF INSTITUTION Univ. of Colorado Health Sci. Ctr.			
c. MAILING ADDRESS 4200 E. 9th Avenue		7. PRECEPTOR'S NAME (Please type or print) Michael L. Manco-Johnson, M.D.	
d. CITY Denver, CO 80262		8. DATE 6-16-87	
5. MATERIALS LICENSE NUMBER(S) 163-(00902)-05			

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