

Blodgett

Memorial Medical Center

June 1, 1987

U.S. Nuclear Regulatory Commission
ATTN: Glenda Jackson
License Fee Management Branch
Office of Administration and Resources Management
Washington, D.C.

Re: Control No. 383301

Gentlemen:

In reply to your letter of May 1 we have enclosed herewith a check of \$120 for the amendment.

We would also like to request the following changes to our Materials License 21-01424-03:

1. Please remove both John P. Champion, M.D. and Dale L. Kessler, M.D. from the license as both of them have retired from their hospital positions.
2. Please add the following physicians to the license:

John W. Quick, M.D.

Groups I, II, III
Xenon-133
Bone density scanners

Armand Michael La Sorsa, M.D.

Groups I, II, III
Xenon-133
Bone density scanners

Wilma Y. Ewald, M.D.

Group VI

Attached are their respective Forms 313M Supplements A & B.

If you have any question please contact me.

Sincerely,



Sun-Shing Leung, Ph.D.
Radiological Physicist

8801220374 a70723
REG3 LIC30
21-01424-03 PDR

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER WILMA Y. EWALD, M.D.		2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE MICHIGAN - IOWA
3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
RADIATION ONCOLOGY	BOARD ELIGIBLE IN RADIATION ONCOLOGY	

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	1973 - 1974 - 1975 BUTTERWORTH Hospital GR, MI U. OF IOWA	100+	20+
b. RADIATION PROTECTION	"	50+	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	"	50+	
d. RADIATION BIOLOGY	University of Iowa IOWA CITY, IOWA	30+	
e. RADIOPHARMACEUTICAL CHEMISTRY	"	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
Sr-90		University of Iowa	2 yrs	treatment
Am-241		"	"	"
Co-60		"	"	"
Teletherapy		"	"	"
Radiation Therapy		Butterworth Hospital Iowa City, Iowa	3 yrs	"

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

WILMA EWALD

STREET ADDRESS

7303 SHEFFIELD DR

CITY

ADA

STATE

MI

ZIP CODE

49321

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 sheets.) D
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION		<i>Most common Radioisotope used when I was in training was Co⁶⁰ for teletherapy & Brachy for internal therapy & in fractionating (Brachytherapy) Just meant.</i>
	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		
OTHER	BONE IMAGING		

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		
P-32 (Colloidal)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM		
Au-198	INTRACAVITARY TREATMENT	4	
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
Co-60 or Cs-137	TELETHERAPY TREATMENT	150+	
Sr-90	TREATMENT OF EYE DISEASE	20+	
	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

1600 Hours for Co-60
300 Hours for Ir-192

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

a. NAME OF SUPERVISOR

H. TEWFIK, M.D.

b. NAME OF INSTITUTION

Division of Radiation Therapy
University of Iowa Hospitals

c. MAILING ADDRESS

d. CITY

Iowa City - IOWA 52240

5. MATERIALS LICENSE NUMBER(S)

6. PRECEPTOR'S SIGNATURE



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

Hamed Tewfik, M.D.

Former Director of Division of Radiation Therapy

8. DATE

3/6/1987

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

John W. Quick M.D.

2. STATE OR TERRITORY IN
WHICH LICENSED TO
PRACTICE MEDICINELA
MI

3. CERTIFICATION

SPECIALTY BOARD
ACATEGORY
BMONTH AND YEAR CERTIFIED
C

Radiology

Diagnostic Radiology

Passed Written Board 1985
Must take orals June 1986

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	July 1 1982 - June 30 1985 Residency in Diagnostic Radiology	100 hrs	6 months in Nuclear
b. RADIATION PROTECTION	Tulane Medical Center New Orleans LA	10 hrs	Medicine Dept.
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	"	10 hrs	
d. RADIATION BIOLOGY	"	10 hrs	
e. RADIOPHARMACEUTICAL CHEMISTRY	"	10 hrs	

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	TULANE UNIV. HOSP. (TMC)	OVER 6 MO. PERIOD	IMAGING
I-131	50 μ ci 100 mci	"	"	"
I-123	300 μ ci	"	"	TREATMENT OF MET. THYROID CA.
In-111	1 mci	"	"	THYROID SCAN
Yb-169	30 mci	"	"	CISTERNOGRAPHY
Xe-133	6 mci	"	"	VENTILATION SCAN
GA-67	2 mci	"	"	IMAGING
TI-201		"	"	"

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		
STREET ADDRESS		
CITY	STATE	

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	30	← NOT DONE IN SECTION OF NUCLEAR MEDICINE OF TULANE MEDICAL CENTER (TMC)
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	-0-	
	LIVER FUNCTION STUDIES	-0-	
	FAT ABSORPTION STUDIES	-0-	
	KIDNEY FUNCTION STUDIES	20	
	IN VITRO STUDIES	-0-	
OTHER			
I-125	DETECTION OF THROMBOSIS	-0-	← DONE IN PATHOLOGY
I-131	THYROID IMAGING	3	
P-32	EYE TUMOR LOCALIZATION	-0-	
Se-75	PANCREAS IMAGING	-0-	← NOT done at TMC
Yb-169	CISTERNOGRAPHY	3	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	18	
OTHER			
Tc-99m	BRAIN IMAGING	4	← NOT done at TMC
	CARDIAC IMAGING	76	
	THYROID IMAGING	30	
	SALIVARY GLAND IMAGING	2	
	BLOOD POOL IMAGING	84	
	PLACENTA LOCALIZATION	-0-	
	LIVER AND SPLEEN IMAGING	48	
	LUNG IMAGING	26	
	BONE IMAGING	93	
OTHER	Hepatobiliary Imaging	19	

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	- 0 -	<p>Teletherapy Interstitial AND Intracavitary R not done in the section of NUCLEAR MEDICINE OF TULANE MEDICAL CENTER HOSPITAL (TMC)</p> <p>← CENTRAL RADIOPHARM- ACY SUPPLIES UNIT DOSE OF RADIOPHARMACEUTICAL PER PATIENT STUDY - NO GENERATORS RECEIVED AT TMC HOSP. - NO RADIOPHARMACEUTICALS PREPARED AT TMC.</p>
P-32 (Colloid)	INTRACAVITARY TREATMENT	- 0 -	
I-131	TREATMENT OF THYROID CARCINOMA	2	
	TREATMENT OF HYPERTHYROIDISM AND CARDIAC CONDITION	16	
Au-198	INTRACAVITARY TREATMENT	- 0 -	
Co-60 or Cs-137	INTERSTITIAL TREATMENT	- 0 -	
	INTRACAVITARY TREATMENT	- 0 -	
I-125 or Ir-192	INTERSTITIAL TREATMENT	- 0 -	
Co-60 or Cs-137	TELETERAPY TREATMENT	- 0 -	
Sr-90	TREATMENT OF EYE DISEASE	- 0 -	
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	- 0 -	
Sn-113/ In-113m	GENERATOR	- 0 -	
Tc-99m	REAGENT KITS	- 0 -	
Other			

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

July 1, 1982 - June 30, 1985 - Diagnostic Radiology Residency
- 6 MO. NUCLEAR MEDICINE TRAINING -

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

a. NAME OF SUPERVISOR
R.J. CAMPEAU M.D. CHIEF SECTION

b. NAME OF INSTITUTION
TULANE U. HOSP.
OF NUCLEAR MEDICINE - 1415 TULANE

c. MAILING ADDRESS
AVE, NEW ORLEANS

d. CITY
LA. 70112

5. PRECEPTOR'S SIGNATURE

Richard J. Campeau M.D.

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

Richard J. Campeau, M.D.

8. DATE

3-21-86

5. MATERIALS LICENSE NUMBER(S)

LA-0004-L01

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER <i>ARMAND MICHAEL LA SORSA, M.D.</i>	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE <i>MICHIGAN</i>
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3. CERTIFICATION

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
<i>American Board of Radiology</i>	<i>Diagnostic Radiology</i>	<i>June 1985</i>

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	<i>Mich. State Univ. East Lansing, Mich.</i>	<i>100+</i>	<i>15</i>
b. RADIATION PROTECTION	<i>"</i>	<i>30+</i>	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	<i>"</i>	<i>20+</i>	
d. RADIATION BIOLOGY	<i>"</i>	<i>20+</i>	
e. RADIOPHARMACEUTICAL CHEMISTRY	<i>" and Wm. Beaumont Hosp. Royal Oak Mich.</i>	<i>30+</i>	<i>20</i>

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

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
<i>Tc99m</i>	<i>428 Ci</i>	<i>Wm. Beaumont Hosp. Royal Oak, Mich.</i>	<i>7 year</i>	<i>Diagnostic</i>
<i>Co60</i>	<i>440 mCi</i>			<i>"</i>
<i>Tl201</i>	<i>874 mCi</i>			<i>"</i>
<i>In111</i>	<i>10 mCi</i>			<i>Treatment Diagnostic Treatment</i>
<i>P32</i>	<i>16 mCi</i>			
<i>I131</i>	<i>850 mCi</i>			
<i>I131</i>	<i>1600 mCi</i>			

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

Armand Michael La Sorsa, Jr.

STREET ADDRESS

2090 Inwood SE

CITY

Kentwood

STATE

Mich

ZIP CODE

48508

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 sheets.) D
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION	82	Adrenal - 5
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	29	
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES	3	
	KIDNEY FUNCTION STUDIES		
	IN VITRO STUDIES		
OTHER			Go 67 - 88
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING	25	
P-32	EYE TUMOR LOCALIZATION	1	
Sr-75	PANCREAS IMAGING		
Am-241	CISTERNOGRAPHY In III	3	In III WBC - 15
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	116	TI 201 - 437
OTHER			
Tc-99m	BRAIN IMAGING	30	Renal - 64 Meckel's - 11 PYP - 20 Gastric Emptying - 40
	CARDIAC IMAGING	354	
	THYROID IMAGING	255	
	SALIVARY GLAND IMAGING	1	
	BLOOD POOL IMAGING		
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	395	
	LUNG IMAGING	178	
	BONE IMAGING	1075	
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	4	
P-32 (Colloidal)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA	10	
	TREATMENT OF HYPERTHYROIDISM	12	
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
	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	10	
Other			

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

1600
1/85 - 1/86

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

a. NAME OF SUPERVISOR

b. NAME OF INSTITUTION

c. MAILING ADDRESS

d. CITY

e. MATERIALS LICENSE NUMBER(S)

6. PRECEPTOR'S SIGNATURE

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

8. DATE

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