

MAY - 1 1987

ST. MARY'S HOSPITAL

April 27, 1987

U.S. Nuclear Regulatory Commission
Region IV
Material Radiation Protection Section
Region IV
Parkway Central Plaza Building
611 Ryan Plaza Drive
Suite 1000
Arlington, Texas 76011

Re: Addendum, License Renewal No. 35-1 7087-01

Gentlemen:

Previously omitted (due to delay in receiving them from OUHSC) Supplements A & B for Debra Mitchell, M.D. are attached.

Also, the survey meter calibration procedures originally included should be disregarded and the attached sheet put in its place.

This letter and its attachments are presented in duplicate. We await your action on our request for renewal.

Sincerely,

John D. Fisher, M.D.
John D. Fisher, M.D.

Mary T. Brasseaux
Mary Brasseaux
Assistant Administrator

RECEIVED BY LEADS
5/4/87
May 2-10
May 2-10
5/4/87

FEE NOT REQUIRED
cont'd of 461457

305 S. 5th St. • Box 232 • Enid, OK 73702 • (405) 233-6100

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Adorers of the Blood of Christ.

8801220382 870831
REG 4 LIC 30
35-17087-01 PDR

461457
461496

(9-78)

TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER DEBRA MITCHELL, M.D.		2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE OKLA		
3. CERTIFICATION				
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C		
American Board of Radiology	Diagnostic Radiology	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		
Six months training program nuclear medicine approved by Accreditation Council for Graduate Medicine Education as identified in 10CFR35.920 b	University of Oklahoma Health Sciences Center Dept of Radiological Sciences	LECTURE/ LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D	
a. RADIATION PHYSICS AND INSTRUMENTATION	"	60	50	
b. RADIATION PROTECTION	"	8	30	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	"	10	10	
d. RADIATION BIOLOGY	"	12	20	
e. RADIOPHARMACEUTICAL CHEMISTRY	"	10	20	
5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
99mTc	1.7 Ci	University of OK Health Sciences Ctr V.A. Medical Center OK Teaching Hospital & Nuclear Pharmacy	Six Months	Diagnostic & Therapeutic
99Mo	2.0 Ci			
131 I	200 mCi			
201 Tl	3 mCi			
133 Xe	20 mCi			
32 P	15 mCi			
169 Yb	0.5 mCi			
67 Ga	5 mCi			

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:
DEBRA MITCHELL, M.D.			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.
Dept of Radiology, St. Mary's Hosp.			3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.
P.O. Box 232			
CITY	STATE	ZIP CODE	
Enid	OK	73702	

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	23	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	6	
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES	21	
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING	15	
P-32	EYE TUMOR LOCALIZATION		
Se-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	6	
OTHER			
Tc-99m	BRAIN IMAGING	9	
	CARDIAC IMAGING	245	
	THYROID IMAGING	46	
	SALIVARY GLAND IMAGING	3	
	BLOOD POOL IMAGING	75	
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	76	
	LUNG IMAGING	33	
	BONE IMAGING	253	
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	3	#1. A 99mTc generator was eluted 10 times and on each elution the eluate was measured for 99mTc activity and 99Mo contam- ination.
P-32 (Colloidal)	INTRACAVITARY TREATMENT	2	
I-131	TREATMENT OF THYROID CARCINOMA	4	
	TREATMENT OF HYPERTHYROIDISM	11	
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		#2. Five types of kits were prepared including, MDP, Tc ₂ -S ₂ , MAA, Phrophosphate and DTPA. For each kit the amount of activity was measured and the Q.C. for each preparation was evaluated.
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
	TELE THERAPY TREATMENT		
Co-60 or Cs-137			
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	See #1	
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	See #2	
Other			

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

Diagnostic Radiology Residency. Jan 1, 1983 - Dec 31, 1987.
Diagnostic Imaging which includes 6 months of Nuclear Medicine
July 1, 1984 to June 30, 1985. Total nuclear medicine training
greater than 1000 hours.

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

A. NAME OF SUPERVISOR

E. W. Allen, M.D.

B. NAME OF INSTITUTION

University of OK H.S.C.

C. MAILING ADDRESS

P.O. Box 26901

D. CITY

Oklahoma City, OK 73190

5. MATERIALS LICENSE NUMBER(S)

35-21395-01 OK Teaching Hospitals

6. PRECEPTOR'S SIGNATURE

E. W. Allen MD

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

E. W. Allen, M.D.

8. DATE

23 March 1987

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 used 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 ± 10 percent of the calculated or known values for each point checked. Readings within ± 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 ± 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 I 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 Bhagwat D Ahluwalia, OU Health Sciences Center
- (2) Location PO Box 26901, Oklahoma City, Oklahoma
- (3) Procedures and sources

☒ have been approved by NRC and are on file in License No. 35-03176-01

☐ 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.

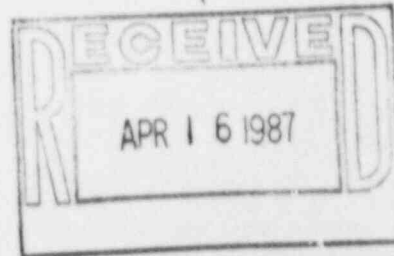
☐ are described in the attachment, and the consultant's report will contain the information on

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



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION IV
611 RYAN PLAZA DRIVE, SUITE 1000
ARLINGTON, TEXAS 76011

03012175
02120
4/87



BETWEEN: William O. Miller, Chief
License Fee Management Branch
Office of Administration

R. J. Everett, Chief
Material Radiation Protection Section, TPB,
DV&TP, RIV

LICENSEE FEE TRANSMITTAL

A. REGION IV

1. APPLICATION ATTACHED

Applicant/Licensee:

Application Dated:

Control No.:

License No.:

St. Mary's Hosp.
Rec'd 4/6/87
461457
(030-12175) 35-17087-01

2. FEE ATTACHED

Amount:

Check No.:

\$580-
016991

3. COMMENTS

Signed

Date

Laura Hurley
4/6/87

B. LICENSEE FEE MANAGEMENT BRANCH

1. Fee Category and Amount:

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

Amendment _____

Renewal / _____

License _____

Signed

Date

M. Merrior
4/9/87