

WEST ALLIS MEMORIAL HOSPITAL

8901 WEST LINCOLN AVENUE, P.O. BOX 27167A, WEST ALLIS, WI 53221, PHONE 546-6000

July 16, 1987

Patricia J. Whiston
Materials Licensing Section
United States Regulatory Commission
Region III
799 Roosevelt Road
Glen Ellyn, IL 60137

Dear Ms. Whiston:

We are happy to report to you that Dr. Kevin Murray has passed the last portion of his oral examination and is now certified by the American Board of Radiology in Therapeutic Radiology. You were awaiting this information as it relates to our amendment filed under Control No. 382625. *VOK Per ABR*

If there are any further questions, or you require clarification on any of the information regarding the status of Dr. Kevin Murray, please contact us at (414) 546-6440.

Cordially,

Matthew W. Elson, M.D., Chairman
Department of Radiology

PZ:eb

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880127 3407 870801
REG3 LIC30
48-13249-02 PDR

FEE NOT REQUIRED

cont 82625
CP 8/27/87

RECEIVED BY LIC3	
Date	7/20/87
Log	Jul-10-111
By	Murray
Date Completed	7/20/87

RECEIVED

JUL 17 1987

REGION III

JUL 17 1987

MAY 13 1987

West Allis Memorial Hospital
ATTN: Matthew W. Elson, M.D.
Chief Radiologist
8901 West Lincoln Avenue
West Allis, WI 53227

Gentlemen:

Based on your April 22, 1987 letter regarding the availability of documentation for Dr. Kevin J. Murray's clinical training, we have voided your request at this time. Please be advised that you may resubmit your request at a later date once you have received documentation of Dr. Murray's clinical experience.

Enclosed please find a copy of our March 5, 1987 letter which specifies the information you will need to submit in order to add Dr. Murray to your license.

Information submitted in response to this letter should be referenced as additional information.

If you have any questions or require clarification on any of the information stated above, you may contact us at (312) 790-5625.

Sincerely,

Original Signed By
Patricia J. Whiston
Materials Licensing Section

Enclosure: Copy of March 5, 1987
deficiency letter

R111

Whiston/pd
5/ /87

~~8710150426~~
1p.



WEST ALLIS MEMORIAL HOSPITAL
8001 WEST LINCOLN AVENUE, WEST ALLIS, WISCONSIN 53117

April 22, 1987

Patricia J. Whiston
Materials Licensing Section
Nuclear Regulatory Commission Region 3
799 Roosevelt Road
Glen Ellyn, IL 60137

Dear Patricia:

In response to your letter dated March 5, 1987 requiring further clarification to our application with control number 82625, we will be submitting additional information regarding the clinical experience of Dr. Kevin J. Murray. It is our intent to have Dr. Murray authorized as a user of Group V materials only. Upon receiving clinical experience records from Dr. Murray, we will forward them to you.

Please contact me with any problems or concerns.

Sincerely,

Matthew W. Elson, M.D.
Chairman, Radiology

P2:ch

87-01504-3412
APR 27 1987
REGION III

MAR 5 1987

West Allis Memorial Hospital
ATTN: Matthew W. Elson, M.D.
Chief Radiologist
8901 West Lincoln Avenue
West Allis, WI 53227

Gentlemen:

Regarding your letter dated December 4, 1986 requesting an amendment to NRC License No. 48-13249-02; please submit the following information:

1. In order to authorize Dr. Kevin J. Murray to use Group V materials, it will be necessary for you to submit documentation of Dr. Murray's experiences with the following materials:
 - a. I-131 for treatment of thyroid carcinoma: Clinical experience in diagnosis of thyroid function, personal participation in the treatment of ten patients with hyperthyroidism and/or cardiac dysfunction, and active participation in the treatment of three patients with thyroid carcinoma.
 - b. Colloidal: Au-198 for intracavitary treatment: Active participation in the treatment of three patients.
2. As you may know, NRC's Advisory Committee on the Medical Uses of Isotopes (ACMUI) has advised us that certification by the American Board of Radiology (ABR) in Radiology or Therapeutic Radiology is evidence of adequate training and experience. It appears that Dr. Kevin J. Murray is not so certified; thus, we will need additional documentation of his training and experience. Specifically, we need the following:
 - a. Please submit evidence that Dr. Murray is a physician as defined in 10 CFR 35.3(b), copy enclosed.
 - b. Please submit a completed Supplement A, documenting Dr. Murray training in basic radioisotope handling techniques and experience handling radioactive materials.
 - c. Please submit a completed, Supplement B, documenting at least 3 years of full-time experience in therapeutic radiology. Separate Supplement B forms should be submitted to document training and/or experience received at different institutions or under the supervision of different preceptor-physicians. Be sure to document training and experience with all types of teletherapy treatment and with brachytherapy treatment as well.

~~8710150437~~
2pp.

- d. Please submit letters of reference from each physician under whom Dr. Murray received training and/or experience. Each letter should describe the scope and extent of Dr. Murray training and experience (as known by the preceptor-physician) and should provide the preceptor-physician's evaluation of Dr. Murray's competency to use, independently, brachytherapy and/or teletherapy sources for treatment of patients.
- e. Please describe Dr. Murray status with ABR, including such information as whether the examination process has been started, whether the written and/or oral examinations have been taken, the results of these examinations, and the date by which the examination process is expected to have been completed.

If you have any questions or require clarification on any of the information stated above, you may contact us at (312) 790-5625.

We will continue our review of your application upon receipt of this information. Please reply in duplicate, within 30 days, and refer to Control Number 82625.

Sincerely,

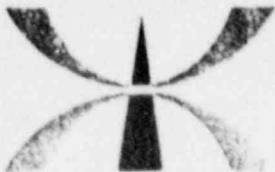
Original Signed By
Patricia J. Whiston
Materials Licensing Section

Enclosures:

- 1. Supplements A and B to
Form NRC-313M
- 2. Appendix A from Regulatory
Guide 10.8

R111

Whiston/pd
3/ /87



WEST ALLIS MEMORIAL HOSPITAL

8901 WEST LINCOLN AVENUE, P.O. BOX 27167A, WEST ALLIS, WI 53227, PHONE 526-6000

December 4, 1986

U.S. Nuclear Regulatory Commission
Medical Licensing Division
799 Roosevelt Road
Glen Ellyn, IL 60137

5/31/88
030-09405

A
no fee

Gentlemen:

Please refer to the application for Amendment with Control No. 82407 regarding our West Allis Memorial License No. 48-1324902 concerning the addition of Dr. Kevin Murray to the License. It is requested that Kevin J. Murray, M.D. be added to the By-Product License for Groups 5 and 6 based on the Preceptor Statement as attached. We inadvertently asked that he be included in Group 1.

Thank you for your attention to these matters. If you have any questions or comments, please feel free to contact me.

Sincerely,

Matthew W. Elson, M.D.
Matthew W. Elson, M.D., Chairman
Department of Radiology

MWE:eb

~~871450453~~
299

CONTROL NO. 82625

RECEIVED DEC 15 1986
DEC 15 1986
REGION III

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

Kevin J. Murray, M.D.

STATE ADDRESS

Radiation Oncology
The Medical College of Wisconsin
8700 W. Wisconsin Avenue

CITY

STATE

ZIP CODE

Milwaukee, Wisconsin 53226

KEY TO COLUMN C
PERSONAL PARTICIPATION SHOULD CONSIST OF

1. Supervised examination of patients to determine the suitability for radiotherapy therapy and the understanding of dosage to be prescribed.
2. Collaboration in treatment of radiation dose, related measurements, and modification of the therapy, prescribed only as authorized by patient reaction to the radiation.
3. Followup of patients when required.
4. Study and discussion with patients of case history to include the most appropriate therapy, prescriptive, palliative, contraindications, etc.

2. CLINICAL TRAINING AND EXPERIENCE OF PHYSICIAN CITED ABOVE IN USING SOURCES OR DEVICES FOR THERAPY

ISOTOPE A	TYPE OF TREATMENT B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (ADDING MEDICAL INFORMATION IF NECESSARY) D
Co-60	COURSES OF TELETHERAPY	0	Supervised work experience 6000 hrs. during PG 2-4 years in Radiation Oncology Residency at the Medical College of Wisconsin
OR	INTERSTITIAL	0	
Cs-137	INTRACAVITARY	10	
Ir-192 or Ir-192 OR Au-198 SEEDS	INTERSTITIAL	15	
Ra-226	INTRACAVITARY	0	
X RAY AND ACCELERATOR THERAPY	COURSES OF THERAPY TREATMENT	600	
Si-32	SUPERFICIAL EYE CONDITIONS	2	
OTHER			

DATES AND TOTAL NUMBER OF HOURS IN CLINICAL TRAINING USING SEALED SOURCES FOR THERAPY

7/83 - 6/86

Radiation Instrumentation	-150 hrs.
Radiation Protection	-60 hrs.
Mathematics of Radioactivity	-40 hrs.
Radiation Biology	-80 hrs.
Basic Isotope Handling for Therapeutic Use of Brachytherapy Sources	-250 hrs.
Basic Isotope Techniques for Teletherapy Units	-250 hrs.

3. PRECEPTOR'S CERTIFICATION

NAME OF SUPERVISOR

Michael T. Gillin, Ph.D.

NAME OF INSTITUTION

Medical College of Wisconsin

MAILING ADDRESS

8700 W. Wisconsin Avenue

CITY

Milwaukee

RADIOACTIVE MATERIALS
LICENSE NUMBER
48-04193-01

STATE

WI

ZIP CODE

53226

I CERTIFY THAT THE INFORMATION PRESENTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I WAS AUTHORIZED BY THE APPLICANT TO SIGN THIS STATEMENT. I FURTHER BELIEVE THAT THE APPLICANT IS COMPETENT TO PERFORM THE PROCEDURES SPECIFIED ABOVE INDEPENDENTLY. Signature:

Michael T. Gillin

DATE

8/21/86

WARNING: 18 U.S.C. Section 1001, Act of June 25, 1948, 62 Stat. 749, makes it a criminal offense to make a willfully false statement of representation to any department or agency of the United States as to any matter within its jurisdiction.

CONTROL NO. 82625

NOV 25 1986

West Allis Memorial Hospital
ATTN: Matthew W. Elson, M.D.
Chief Radiologist
8901 West Lincoln Avenue
West Allis, WI 53227

Gentlemen:

Enclosed is Amendment No. 26 to your NRC License No. 48-13249-02 in accordance with your request.

Please note that we have not authorized Kevin J. Murray, M.D. for use of group I material on your license. It appears that Dr. Murray has met the 200 hour requirement for basic training in radioisotope handling techniques. However, the 500 hours of clinical training and experience with radioisotopes listed in 10 CFR Part 35.100 Schedule A - groups of medical uses of byproduct materials, specifically group I, has not been met. We have enclosed Appendix A. of Regulatory Guide 10.8, which describes physician training criteria for your review.

Please review the enclosed document carefully and be sure that you understand all conditions. You must conduct your program involving radioactive materials in accordance with the conditions of your NRC license, representations made in your license application, and NRC regulations. In particular, note that you must:

1. Operate in accordance with NRC regulations 10 CFR Part 19, "Notices, Instructions and Reports to Workers; Inspections," 10 CFR Part 20, "Standards for Protection Against Radiation," and other applicable regulations.
2. Possess radioactive material only in the quantity and form indicated in your license.
3. Use radioactive material only for the purpose(s) indicated in your license.
4. Notify NRC in writing of any change in mailing address.
5. Request and obtain appropriate amendment if you plan to change ownership of your organization, change locations of radioactive material, or make any other changes in your facility or program which are contrary to your license conditions or representations made in your license application and any supplemental correspondence with NRC. Any amendment request should be accompanied by the appropriate fee specified in 10 CFR Part 170.

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REG LIC30
48-13249-02

PDR

6. Submit a complete renewal application with proper fee or termination request at least 30 days before the expiration date on your license. You will receive a reminder notice approximately 90 days before the expiration date. Possession of radioactive material after your license expires is a violation of NRC regulations.
7. Request termination of your license if you plan to permanently discontinue activities involving radioactive material prior to your expiration date.

You will be periodically inspected by NRC. Failure to conduct your program in accordance with NRC regulations, license conditions and representations in your license application will result in enforcement action against you in accordance with the General Policy and Procedures for NRC Enforcement Actions, 10 CFR Part 2, Appendix C.

If you have any questions or require clarification of any of the above stated information, contact us at (312) 790-5625.

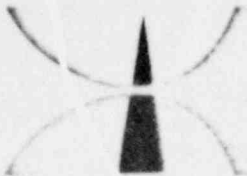
Sincerely,

Original Signed By
John R. Madera
Materials Licensing Section

Enclosures:

1. Amendment No. 26
2. Regulatory Guide 10.8,
dated October 1980

RIII
JRM
Madera/pd
11/14/86



WEST ALLIS MEMORIAL

890 WEST LINCOLN AVENUE P.O. BOX 27167A WEST ALLIS, WI 53227 PHONE 546-6007

October 30, 1986

U. S. Nuclear Regulatory Commission
Medical Licensing Division
799 Roosevelt Road
Glen Ellyn, Illinois 60137

Gentlemen:

We should like to make the following amendments to our Byproduct License #48-13249-02 to reveal the following changes:

1. Please delete the following names from our Byproduct License #48-13249-02:

Harold Conlon, M.D.
Walter Gunn, M.D.
James Cox, M.D.
Larry Kun, M.D.
Bruce Frederick, M.D.

2. The addition of Joseph M. Collins, M.D. to our Byproduct License #48-13249-02 for Groups I, II and III

Log	RECEIVED
Remitter	
Check No.	9408
Amount	\$120.00
Fee Category	1/2
Type of Fee	1/2
Date Check Rec'd.	11/13/86
Date Completed	
By	

Xenon-133

In vitro studies

Iodine-131 for treatment of hyperthyroidism and cardiac dysfunction

Soluble phosphorus-32 for treatment of leukemia, polycythemia vera and bone metastases

The addition of Kevin J. Murray, M.D. to our Byproduct License #48-13249-02 for Group I.

I have enclosed preceptor statements for both Drs. Collins and Murray. I have also enclosed a check for \$120.00 for the NRC amendment fee.

Thank you for your attention to these matters. If you have any question or comment, I shall appreciate hearing from you.

Sincerely,

Matthew W. Elson, M.D.
Chief Radiologist

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NOV 04 1986

REGION III

MWE:pm

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REC-3 LIC30
48-13249-02 PDR

Enc.

CONTROL NO. 82407

PRECEPTOR STATEMENT

Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, docket a separate statement from each.

1. APPLICANT PHYSICIAN'S NAME AND ADDRESS

FULL NAME

Kevin J. Murray, M.D.

OFFICE ADDRESS

Radiation Oncology
The Medical College of Wisconsin
8700 W. Wisconsin Avenue

CITY

STATE

ZIP CODE

Milwaukee, Wisconsin 53226

KEY TO COLUMN C
PERSONAL PARTICIPATION SHOULD CONSIST OF

1. Supervised examination of patients to determine the suitability for radiotherapy therapy and recommendations on dosage to be prescribed.
2. Collaboration in calculation of treatment dose, treatment prescription, and modification of the schedule, prescribed dose or treatment by patient reaction to the radiation.
3. Followup of patients when required.
4. Study and discussion with preceptor of case material to broaden the knowledge and ability to prescribe radiation therapy, radiotherapy, and radiotherapy.

2. CLINICAL TRAINING AND EXPERIENCE OF PHYSICIAN CITED ABOVE IN USING SOURCES OR DEVICES FOR THERAPY

SECTION	TYPE OF TREATMENT	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION	COMMENTS (ADD ADDITIONAL INFORMATION IF NECESSARY)
A	B	C	D
EX-80	COURSES OF TELETHERAPY	0	Supervised work experience 6000 hrs. during PG 2-4 years in Radiation Oncology Residency at the Medical College of Wisconsin
OR	INTERSTITIAL	0	
OR	INTRACAVITARY	10	
OR X-150 OR A-150 SEEDS	INTERSTITIAL	15	
OR	INTRACAVITARY	0	
X-RAY AND ACCELERATOR THERAPY	COURSES OF THERAPY TREATMENT	600	
OR	SUPERFICIAL EYE CONDITIONS	2	
OTHER			

3. DATES AND TOTAL NUMBER OF HOURS IN CLINICAL TRAINING USING SEALED SOURCES FOR THERAPY

7/83 - 6/86

Radiation Instrumentation

-150 hrs.

Radiation Protection

- 60 hrs.

Mathematics of Radioactivity

- 40 hrs.

Radiation Biology

- 80 hrs.

Basic Isotope Handling for Therapeutic Use of Brachytherapy Sources -250 hrs.

Basic Isotope Techniques for Teletherapy Units

-250 hrs.

3. PRECEPTOR'S CERTIFICATION

NAME OF SUPERVISOR

Michael T. Gillin, Ph.D.

NAME OF INSTITUTION

Medical College of Wisconsin

MAILING ADDRESS

8700 W. Wisconsin Avenue

CITY

Milwaukee

MAILING ADDRESS

48-04193-01

STATE

WI

ZIP CODE

53226

CERTIFY THAT THE INFORMATION PRESENTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I WAS AUTHORIZED BY THE REFERENCED RADIOACTIVE MATERIALS LICENSEE TO PERFORM THE PROCEDURES SPECIFIED ABOVE. I FURTHER BELIEVE THAT THE APPLICANT PHYSICIAN IS COMPETENT TO PERFORM THESE PROCEDURES INDEPENDENTLY. (Signature)

DATE

8/21/86

WARNING: 18 U.S.C. Section 1001, Act of June 25, 1948, 62 Stat. 749, makes it a criminal offense to make a willfully false statement of representation to any department or agency of the United States or to any matter within its jurisdiction.

MATERIALS LICENSE
SUPPLEMENTARY SHEET

License No. 22-17307-01

22-17307-01

Docket or Reference Number

030-12533

Amendment No. 07

John A. Tobin, M.D.

Groups I, II and III
Soluble phosphorus-32 for treatment
of polycythemia vera, leukemia
and bone metastases
Iodine-131 for treatment of
hyperthyroidism and cardiac
dysfunction
In vitro studies
Xenon-133

James L. Tuohy, M.D.

Groups I, II and III
Iodine-131 for treatment of
hyperthyroidism and cardiac
dysfunction
Soluble phosphorus-32 for treatment
of leukemia, polycythemia vera and
bone metastases
Xenon-133
In vitro studies

Steven M. Begich, M.D.

Groups I, II and III
Soluble phosphorus-32 for treatment
of polycythemia vera, leukemia
and bone metastases
Iodine-131 for treatment of
hyperthyroidism, cardiac
dysfunction and thyroid carcinoma
In vitro studies
Xenon-133

Joseph M. Collins, M.D.

Groups I, II and III
Xenon-133
In vitro studies
Iodine-131 for treatment of
hyperthyroidism and cardiac
dysfunction
Soluble phosphorus-32 for treatment
of leukemia, polycythemia vera and
bone metastases



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

JOSEPH M. COLLINS, M.D.

STREET ADDRESS

1457 Colleen Ave

CITY

Arden Hills

STATE

MN

ZIP CODE

55112

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 <i>(Additional information or comments may be submitted in duplicate on separate sheets.)</i> D
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION		Additional cases involving participation at Mercy Medical Center (N.R.C. license #22-17307-01), Unity Medical Center (N.R.C. license #22-12614-01), and Midway Hospital (N.R.C. license #22-02491-03) from 7/1/84 through present. <i>This is a supplement to previous experience and licensure.</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		
Sr-75	PANCREAS IMAGING		
Yb-165	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		
	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	4	
P-32 (Colloid)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM	10	
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	TELE THERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR		
Sr-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS		
Other:			

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

The above experience is a supplement to previous training and licensure.

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

a. NAME OF SUPERVISOR

A. S. Nesse, M.D.

b. NAME OF INSTITUTION

Midway Hospital (Mercy & Unity)

c. MAILING ADDRESS

1700 University Avenue

d. CITY

St. Paul (Coon Rapids & Fridley)

5. MATERIALS LICENSE NUMBER(S)

22-02491-03 (22-17307-01 & 22-12614-01)

6. PRECEPTOR'S SIGNATURE

Anton S. Nesse

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

Anton S. Nesse, M.D.

8. DATE

September 26, 1985

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

Joseph M. Collins, M.D.

2. STATE OR TERRITORY IN
WHICH LICENSED TO
PRACTICE MEDICINE
MN, ND, IA

3. CERTIFICATION

SPECIALTY BOARD
ACATEGORY
BMONTH AND YEAR CERTIFIED
C

Diagnostic Radiology

June 1, 1984

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING
ALOCATION AND DATE(S) OF TRAINING
B

TYPE AND LENGTH OF TRAINING

LECTURE/
LABORATORY
COURSES
(Hours)
CSUPERVISED
LABORATORY
EXPERIENCE
(Hours)
Da. RADIATION PHYSICS AND
INSTRUMENTATIONMayo Clinic
Rochester, Minnesota
1-3-83 to 4-8-83

85

15

b. RADIATION PROTECTION

Mayo Clinic
Rochester, Minnesota
8-15-83 to 10-14-83

20

15

c. MATHEMATICS PERTAINING TO
THE USE AND MEASUREMENT
OF RADIOACTIVITYMayo Clinic
Rochester, Minnesota
1-3-83 to 4-8-83

24

0

d. RADIATION BIOLOGY

Mayo Clinic
Rochester, Minnesota
1-3-83 to 4-8-83

15

5

e. RADIOPHARMACEUTICAL
CHEMISTRYMayo Clinic
Rochester, Minnesota
1-3-83 to 4-8-83

35

2

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 131	125 mCi	Mayo Clinic	4 years during residency in diagnostic radiology (above dates)	diagnostic & ther.
Gallium 67	10 mCi	"		diagnostic
Yb 169	500 μ Ci	"		"
Xe 133	10 mCi	"		"
Thallium	2 mCi	"		"
Tc 99m	20 mCi	"		"
I 125	300 μ Ci	"		"

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

Joseph Michael Collins, M.D.

STREET ADDRESS

376 36th Ave. NW

CITY

Rochester

STATE

MN

ZIP CODE

55901

KEY TO COLUMN C

PERSONAL PARTICIPATION SHOULD CONSIST OF:

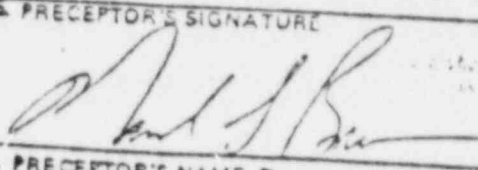
- 1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.
- 2-Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements 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		
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME		
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES	95	
	IN VITRO STUDIES		
OTHER	Gallium	36	
I-125	DETECTION OF THROMBOSIS	5	
I-131	THYROID IMAGING		
P-32	EYE TUMOR LOCALIZATION		
Sr-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY	4	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	41	
OTHER	Thallium infarct scan	3	
Tc-99m	BRAIN IMAGING	8	
	CARDIAC IMAGING (MUGA)	30	
	THYROID IMAGING	40	
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING	4	
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	228	
	LUNG IMAGING	41	
	BONE IMAGING	443	
OTHER	HIDA and DISIDA	15	

UNIT	CONDITIONS DIAGNOSED OR TREATED	PERSONAL PARTICIPATION	COMMENTS (Additional information or comments may be entered in duplicate on separate sheets.)
A	B	C	D
32	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
37	INTRACAVITARY TREATMENT		
31	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM		
198	INTRACAVITARY TREATMENT		
40	INTERSTITIAL TREATMENT		
37	INTRACAVITARY TREATMENT		
18	INTERSTITIAL TREATMENT		
2	TELE THERAPY TREATMENT		
37	TREATMENT OF EYE DISEASE		
90	RADIOPHARMACEUTICAL PREPARATION		
19/2m	GENERATOR	10	
13/13m	GENERATOR		
9m	REAGENT KITS	10	
11	In-113m labelled WBC's	3	
	Tc-99m labelled RBC's	4	
	Tc-99m Meckel's scan	4	
	Tc-99m joint scan	9	

TES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING
 2/9/81, 2/16/81, 2/23/81, 3/2/81, 8/10/81, 8/17/81, 8/24/81,
 8/31/81, 11/29/82, 12/6/82, 8/1/83, 8/8/83, 3/5/84, 3/12/84
 630 hours

E TRAINING AND EXPERIENCE INDICATED ABOVE OBTAINED UNDER THE SUPERVISION OF:		6. PRECEPTOR'S SIGNATURE
NAME OF SUPERVISOR Manuel L. Brown, M.D.		
NAME OF INSTITUTION Mayo Clinic		
MAILING ADDRESS 200 First Street SW		7. PRECEPTOR'S NAME (Print type or print)
CITY Rochester, MN 55905		Manuel L. Brown, M.D.
SERIALS LICENSE NUMBER(S) 12-00519-03		8. DATE 4/2/84

113M SUPPLEMENT B