

2  
JUN 05 1987

"OFFICIAL RECORD COPY"

Mayaguez Medical Center  
ATTN: Mr. Roberto Ruiz Asencio  
Administrator  
Mayaguez, PR 00708

Gentlemen:

SUBJECT: REQUEST FOR EXTENSION  
APPLICATION (REFERENCE: 51503, 030-19502)

As requested in your letter dated May 22, 1987, you are granted an additional 30 days for submission of the information.

Accordingly, please submit the information to us by close of business July 6, 1987.

When replying, please reference Mail Control Number 51503.

Sincerely,

Earl G. Wright  
Senior License Reviewer  
Nuclear Materials Safety Section

RII  
EWright

6/3/87

RII  
JPotter

6/5/87

8801280006 870731  
REG2 LIC30  
52-13598-03 PDR



## DEPARTMENT OF OPHTHALMOLOGY

TO WHOM IT MAY CONCERN

I hereby CERTIFY that starting May 22, 1987, Mr. Santiago Gómez, UPR-Medical Science Campus Radiation Protection Officer organized and supervised an intensive course on Radiation Physics and Protection.

Main purpose of this training was to have a group of Ophthalmologists qualified on Basic Radioisotopes Handling techniques and fulfill the NRC minimum acceptable training requirements for physicians wishing to use a Sr-90 Ophthalmic Eye Applicators (10 CFR-35.941 (b)). Attended the course:

Dr. Juan Nevárez  
Dr. César Tort  
Dr. Edwin Alvarez  
Dr. Bernardo de Paz-Reyes  
Dr. Ilia Ruiz-Gandulla  
Dr. Juan Pérez Emmanuelli

They received for home study and lectures guide a compiled pamphlet containing the following topics: Elements of ionizing radiation - Interaction of radiation with matter - Detection of radiation instruments - Units of radiation and dose calculations - Radiation Protection and Biological Effects.

Performance and Evaluation of this course was made through lectures (15 hours), written exams, meetings for questions and answers and Health Physics Laboratory demonstrations. At the end of the course on May 25, 1987 special discussion and study was devoted to the Rules for safely handling a Sr-90 Eye Applicator as presented in the License Application Guidelines.

Signed: José V. Ferrero, M.D.  
Acting Director

Santiago Gómez, R.P.O.

6-2-87

# TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER

Approved by OMB  
3150-0041  
Expires 6-30-86

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER  Ilia Ruiz Gandulla, M.D.	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE PR
--	--

3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
Board Eligible in Ophthalmology		

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	Intensive Course on "Basic Radioisotopes handling Techniques" UPR-Medical Sciences Campus May 22 - May 25, 1987 (See attached certification)	4	6
b. RADIATION PROTECTION	(See attached certification)	6	2
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	(See attached certification)	2	6
d. RADIATION BIOLOGY	(See attached certification)	3	2
e. RADIOPHARMACEUTICAL CHEMISTRY			

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	50 mCi	Medical Center San Juan, PR	1971-1974	Therapy
Sr-90	100 mCi	Fernando Salazar, M.D. NRC. Lic. No. 52-21149-01 Mayaguez, PR	1983 to present	Therapy

TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

Approved by OMB  
3150-0041  
Expires 9-30-86

Radiation Physics Consultant

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER  Santiago Gómez Figueroa	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE
---	--

3. CERTIFICATION

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
Reference is made to NRC Broad Scope of License No. 52-01946-07 at the UPR - Medical Sciences Campus where Santiago Gómez Figueroa is the Radiation Protection Officer		

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			
b. RADIATION PROTECTION			
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY			
d. RADIATION BIOLOGY			
e. RADIOPHARMACEUTICAL CHEMISTRY			

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

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE

## 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

Ilia Ruiz Gandulla, M.D.

STREET ADDRESS

De Diego 17-E - 3rd floor

CITY

Mayaguez

STATE

PR

ZIP CODE

00709

## 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		Please see attached two certifications on Clinical Training and Experience in the human use of Sr-90 Applicators
	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		
	BONE IMAGING		
OTHER			



## 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		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
	TELE THERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	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

### 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

5. MATERIALS LICENSE NUMBER(S)

### 6. PRECEPTOR'S SIGNATURE

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

8. DATE

## CURRICULUM VITAE

1986

NAME : Ilia Ruiz Gandulla, M.D.  
ADDRESS : De Diego 17-E - 3er Fl.  
Mayaguez, Puerto Rico 00709  
Apartado 870 Mayaguez, P.R. 00709  
PHONE : (809) 833-8630 833-6310  
DATE OF BIRTH : November 1, 1939  
PLACE OF BIRTH : Mayaguez, Puerto Rico  
CITIZENSHIP : U.S.A. citizen  
DATE OF MARRIAGE : May 30, 1969  
  
CHILDREN : None  
  
EDUCATION : Primary - José de Diego School  
Mayaguez, Puerto Rico  
: Secondary - Eugenio M. de Hostos School  
Mayaguez, Puerto Rico  
: College - Interamerican University  
Hato Rey, Puerto Rico  
University of Puerto Rico  
Rio Piedras, Puerto Rico  
: Medical School - Universidad Central de Madrid  
Madrid, España  
  
Post-doctoral training -  
Internship (rotating) - Auxilio Mutuo Hospital  
Hato Rey, Puerto Rico  
Residency (Ophthalmology) University of Puerto Rico School  
of Medicine Affiliated Hospitals  
Fellowship (community ophthalmology) Baylor College of Medicine &  
Houston, Texas  
E.C.F.M.G. Course University of Miami  
Miami, Florida

Name: Ilia Ruiz Gandulla, N.D.

APPOINTMENTS

Before 1976

- : Staff Physician, Hospital San Carlos  
Santurce, Puerto Rico (Medical Clerk)
- : Staff Physician, Hospital Distrito de Fajardo  
Fajardo, Puerto Rico (Médico I - II - III)
- : Staff Physician (Médico IV) Hospital Industrial  
Centro Médico - Rio Piedras, Puerto Rico

After 1976

- : Ophthalmologist Head Staff - Mayagüez Medical Center  
Mayagüez, Puerto Rico
- : Ophthalmologist Consultant - Bella Vista Hospital  
Mayagüez, Puerto Rico
- : Ophthalmologist Consultant - Dres. Perea Hospital  
Mayagüez, Puerto Rico
- : Ophthalmologist Staff - Ambulatory Surgical Clinic  
Mayagüez, Puerto Rico

ASSOCIATION

1. American Medical Association
2. Puerto Rico Medical Association
3. American Association of Ophthalmology
4. Puerto Rico Ophthalmologist Association
5. Interamerican College of Physician and Surgeon
6. Glaucoma Association
7. Ophthalmic Surgery Association
8. Contact Lens Association of Ophthalmologist
9. American Society of Contemporary Ophthalmology

LICENCES

- : State Board of Medical Examiners  
Puerto Rico
- : Educational Council for Foreign Medical Graduates
- : State Board of Medical Examiners (Provisional)  
Texas, U.S.A.



*Luis A. Vázquez, M.D.*

*Ophthalmologist*

*P. O. Box 50*

*Mayagüez, Puerto Rico 00709*

*Telephones:*

*833-7515*

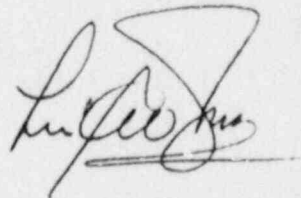
*832-1265*

March 18, 1987

To whom it may concern:

I certify that Ilia Ruiz Gandulla M.D. is an ophthalmologist practicing in Mayaguez, Puerto Rico for several years. She has been doing Pterygium surgery under my supervision. She has plenty of experience with this procedure and a license to handle Beta Radiation should be rendered.

Cordially,

A handwritten signature in dark ink, appearing to read 'Luis A. Vázquez', with a stylized flourish at the end.

Luis A. Vázquez, M.D.

gvf

*Dr. José Berrocal, F.A.C.S.*

OFTALMOLOGIA  
ESPECIALISTA EN LA RETINA  
HOSPITAL MIMIYA - AVE. DE DIEGO 303  
SANTURCE, PUERTO RICO 00909

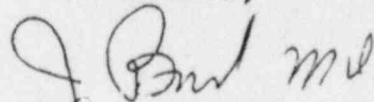
TELÉFONOS 725-9315  
723-2590, 722-4809  
722-1329

14 de febrero de 1985

A quien pueda interesar:

Certifico que la doctora Ruiz Gandulla  
ha sido entrenada en el uso de "Beta  
Radiator" en los ojos, y que por los últi-  
mos diez años ha estado usando Beta Radia-  
tor bajo la supervisión del doctor Vázquez.

Atentamente,

  
José Berrocal, MD

aln



DEPARTMENT OF OPHTHALMOLOGY

April 20, 1978

C E R T I F I C A T I O N :

TO WHOM IT MAY CONCERN:

This is to certify that Dra. Iliá Ruiz Gandulla was a resident in our Residency Training Program during the period of July 1, 1971 to June 30, 1974.

In that period she became acquainted and performed Beta Radiation in patients with Pterygium. She performed over 50 resections of Pterygium and Beta Radiation.

Manuel N. Miranda, M.D.  
Professor and Head

CENTRO OFTALMOLOGICO DEL OESTE, INC.

ILIA RUIZ GANDULLA, M.D.

DE DIEGO 17 E. 3ER. PISO

APARTADO 870

TELS. 833-6310 Y 833-8630

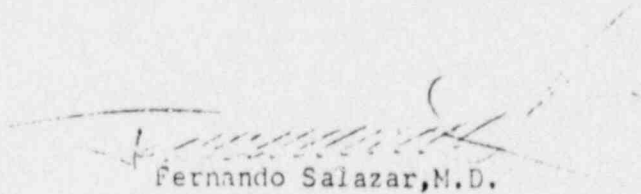
MAYAGUEZ, PUERTO RICO 00709

2 de marzo de 1987

A quien pueda interesar:

Certifico que la Doctora Ilia Ruiz Gandulla  
Oftalmóloga desde 1974 ha estado aplicando Radia-  
ción Beta luego de cirugía de Pterigium a sus pacien-  
tes bajo mi supervisión desde el año 1983.

Gracias.



Fernando Salazar, M.D.

1. Name of the person to be notified by \_\_\_\_\_ / 1. NO REPLY NEEDED

2448

Mrs Ray S. Allen  
Box 270

 $\epsilon = 1 \text{ Yr}$ 

Wang, J. P. K. 00709

Comme je le suis  
je ne puis que se faire attention à  
la "Belle Éclaircie" d'aujourd'hui  
à la page 10 sur l'état  
de la République de la France  
et les autres J. B. B.



**Department of Puerto Rican School of Medicine**

DEPARTMENT OF OPHTHALMOLOGY  
AFFILIATED HOSPITALS  
MUNICIPAL, UNIVERSITY,  
VETERANS ADMINISTRATION

THIS IS TO CERTIFY THAT

**Dra. Niza Ruiz-Gandulla**

WAS A MEMBER OF THE RESIDENT STAFF  
FROM JULY 1, 1971 TO JUN 30, 1974  
AND COMPLETED SATISFACTORILY  
THE STUDIES AND DUTIES OF THE APPROVED  
THREE YEARS RESIDENCY IN OPHTHALMOLOGY  
IN TESTIMONY WHEREOF, WITNESS THE SIGNATURES  
OF THE UNDERSIGNED AT SAN JUAN, P.R.  
THIS 4th DAY OF JULY 1974



*[Signature]*  
HEAD, DEPARTMENT OF  
OPHTHALMOLOGY

*[Signature]*  
MEDICAL DIRECTOR,  
UNIVERSITY HOSPITAL

*[Signature]*  
MEDICAL DIRECTOR, VETERANS  
ADMINISTRATION HOSPITAL

*[Signature]*  
MEDICAL DIRECTOR,  
UNIVERSITY HOSPITAL

# Department of Ophthalmology

This is to certify that

Ilia Ruiz-Gandulla, M.D.

has successfully completed  
a training course in  
Cataract Surgery by Phacoemulsification,

*Jared Emery*

Jared Emery, M.D.  
Associate Professor  
of Ophthalmology

*James Little*

*David Paton*

David Paton, M.D.  
Professor and Chairman  
Department of Ophthalmology

THIS IS TO CERTIFY THAT

**Ilia Ruiz Gandulla**

SERVED FOR 23 MONTHS AS

**POSTDOCTORAL FELLOW**

IN THE

**DEPARTMENT OF OPHTHALMOLOGY**

**BAYLOR COLLEGE OF MEDICINE**

**HOUSTON, TEXAS**



*Paulo Vallbom*

Chairman, Department of Community Medicine

*Orin Patten*

Chairman, Department of Ophthalmology

*Michael E. DeBakey*

President, College of Medicine

June 30, 1976

Commonwealth of Puerto Rico  
DEPARTMENT OF HEALTH  
Program of Quality Control of Health Services

License No. 3299....

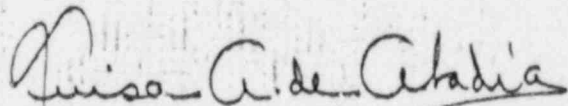
**This is to Certify that:**

THE PUERTO RICO BOARD OF MEDICAL EXAMINERS

issued License No. 3299 to ILIA RUIZ GANDULLA, M.D.  
on December 6, 1983. By virtue of this license she  
is authorized to practice OPHTHALMOLOGY in the  
Island of Puerto Rico. Said license has never been revoked and is in  
good standing.

IN WITNESS WHEREOF, I have hereunto set my  
hand and affixed the Seal of THE PUERTO  
RICO BOARD OF MEDICAL EXAMINERS ---

-----  
at the City of San Juan this 5  
day of January, nineteen  
hundred and eighty-four.



Luisa A. de Abadía, MPH, J.D.  
Executive Director  
Program of Quality Control of  
Health Services

COMMONWEALTH OF PUERTO RICO  
DEPARTMENT OF STATE  
DIVISION OF EXAMINING BOARDS

License No. 3299

This is to Certify that:

issued License No. 3299 to ILIA RUIZ GANDULLA, M. D.  
on AUGUST 12, 19 69 By virtue of this license she  
is authorized to practice MEDICINE & SURGERY in the Island of  
Puerto Rico. Said license has never been revoked and is in good standing.



IN WITNESS WHEREOF, I have here-  
unto set my hand and affixed the Seal  
of THE PUERTO RICO BOARD  
OF MEDICAL EXAMINERS-----

at the City of San Juan, this 12th  
day of August, nineteen  
hundred and sixty-nine

HERMINIO MENDEZ HERRERA

Secretary