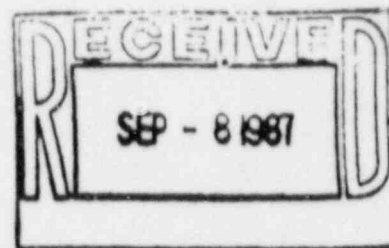




Memorial Hospital Of Sheridan County
THE HEART OF THE COMMUNITY

John Owen Yale
ADMINISTRATOR

September 4, 1987



United States Nuclear Regulatory Commission
Region IV
611 Ryan Plaza Drive
Suite 1000
Arlington, TX 76011

Attn: C. Cain
Licensure Division

Re: Byproducts Material License Amendment

Dear Mr. Cain:

Please allow this letter to serve as this hospital's request to amend our Byproduct Material License to add the following radiologists to our license #49-10982-02.

Per our telephone conversation, I would ask that our request for amendment be considered an emergency request and that you favor me with a telephone notification rather than not wait for the normal paper processing.

Frederick A. Matthews, M.D.
Wyoming License #2178-A

Knute Landreth, M.D.
Wyoming License #3080-A

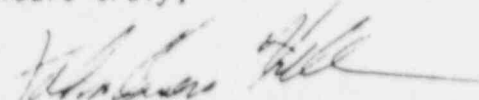
Please note that Dr. Landreth started but did not complete the amendment process in 1984 and I would refer you to control #17368.

Enclosed, find our check in the amount of \$120, as required.

Please accept my sincere appreciation for all of the assistance you gave me in our telephone conversation today.

The attached forms were given to me as complete, however, if they are not or you desire additional information, please contact me immediately.

Yours truly,


John Owen Yale,
Administrator

FOIA 88-133, A1

461648

FORM RAD 685A SUPPLEMENT A

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION PROTECTION OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION PROTECTION OFFICER

MATTHEWS, F.A. M.D.

2. STATE OR TERRITORY IN
WHICH LICENSED TO
PRACTICE MEDICINE

WYOMING

3. CERTIFICATION

SPECIALTY BOARD
A

CATEGORY
B

MONTH AND YEAR CERTIFIED
C

~~RADIOLOGY~~
AMERICAN COLLEGE
OF RADIOLOGY

RADIOLOGY
(not LR)

JUNE 1972

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	Residency. Bismarck Affiliated Hospitals	150	9
b. RADIATION PROTECTION		Daily	x 3 years
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY			
d. RADIATION BIOLOGY			
e. RADIOPHARMACEUTICAL CHEMISTRY			

≅ 150 hr.

≅ 90 hr.

≅ 25 hr.

≅ 50 hr.

≅ 40 hr.

FOIA88-133, A 2

1111108

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 FREDERICK ARMSTRONG MATTHEWS		
STREET ADDRESS BOX 396		
CITY BIG HORN	STATE WYO.	

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	282	function & imaging performed at same time
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	1	
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES		
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING	202	
P-32	EYE TUMOR LOCALIZATION		
Sr-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY	1	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES		
OTHER			
Tc-99m	BRAIN IMAGING	960	
	CARDIAC IMAGING	26	
	THYROID IMAGING	75	
	SALIVARY GLAND IMAGING	—	
	BLOOD POOL IMAGING		
	PLACENTA LOCALIZATION	5	
	LIVER AND SPLEEN IMAGING	825	
	LUNG IMAGING	360	
	BONE IMAGING	600	
OTHER	Tc-99m VCU	28	

FOIA 88-133, A3

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		<p>KEY TO COLUMN C</p> <p>PERSONAL PARTICIPATION SHOULD CONSIST OF:</p> <p>1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.</p> <p>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.</p> <p>3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.</p>
Full Name		
Street Address		
City	State	
Zip Code		

118711/2, Fred

Street Address

Box 396

City State Zip Code

BIG HORN WYO 82833

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

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
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION	156	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	36	
	LIVER FUNCTION STUDIES	156 0	
	FAT ADSORPTION STUDIES	2	
	KIDNEY FUNCTION STUDIES	124	
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING	156	
P-32	EYE TUMOR LOCALIZATION	1	
Se-75	PANCREAS IMAGING	2	
Yb-169	CISTERNOGRAPHY	41	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES		
OTHER			
	BRAIN IMAGING	242	
	CARDIAC IMAGING		
	THYROID IMAGING	156	
	SALIVARY GLAND IMAGING	12	
Tc-99m	BLOOD POOL IMAGING		
	PLACENTA LOCALIZATION	36	
	LIVER AND SPLEEN IMAGING	124	
	LUNG IMAGING	466	
	BONE IMAGING	232	
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	38	includes CAPS-CAN RADIATION CENTER, FULTON, TEXAS.
P-32 (Colloidal)	INTRACAVITARY TREATMENT	11	
I-131	TREATMENT OF THYROID CARCINOMA	29	
	TREATMENT OF HYPERTHYROIDISM AND CARDIAC CONDITION		
Au-198	INTRACAVITARY TREATMENT	6	
Co-60	INTERSTITIAL TREATMENT	-	
or Cs-137	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT	-	
Co-60 or Cs-137	TELETHERAPY TREATMENT	967	
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mg-99/ Tc-99m	GENERATOR	50	
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	50	
OTHER	Radium 226	43	
	Radon 222	26	
3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING			
1968 - 71 Continuous x 3 years on Daily basis			
4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF: P. Ramey SE Jurek, WE Hook, RM Perry.		6. PRECEPTOR'S SIGNATURE W.F. Hook, M.D.	
a. Name of Supervisor		7. PRECEPTOR'S NAME (Please type or print)	
b. Name of Institution GAIN TRIMSTEDT CLINIC		W.F. Hook, M.D.	
c. Mailing Address PO Box 1515		8. DATE	
d. City BISMARCK, ND. 58502		3-28-86	
5. MATERIALS LICENSE NUMBER(S) 49-10952-02			



Memorial Hospital Of Sheridan County
THE HEART OF THE COMMUNITY

John Owen Yule
ADMINISTRATOR

September 4, 1987

Dear Sirs:

Please find my application for materials license to have my name added to the existing license 49-10982-02 at Sheridan Memorial Hospital. You will noted that I have completed an approved course at the Presbyterian Medical Center under the guidance of Dr. Wayne Wenzel and Dr. James Wilson. Their preceptor forms are enclosed. The physicist was Gordon Kinney. All of these individuals are still at:

Denver Presbyterian Hospital
1719 East 19th Street
Denver, Colorado 80218

Additionally, during the past six years, I have practiced at the Sheridan Memorial Hospital under the preceptorship of Dr. Fred Lindemann. Both my application and Dr. Matthew's application, which accompanies my application for the amendment to the license, has Dr. Lindemann as preceptor and those records are also being made available to you.

I have made application with the American Board of Radiology for examination for certification and currently awaiting information from them.

Thank you for your attention in this matter.

Respectfully,

Knute Landreth, M.D.

KL:jr

Encls.

FOIA 88-133, A4

NRC FORM 313M

(9-81)

10 CFR 35

U.S. NUCLEAR REGULATORY COMMISSION

APPLICATION FOR MATERIALS LICENSE — MEDICAL

Approved by OMB

3150-0041

Expires 9-30-83

INSTRUCTIONS — Complete Items 1 through 26 if this is an initial application or an application for renewal of a license. Use supplemental sheets where necessary. Item 26 must be completed on all applications and signed. Retain one copy. Submit original and one copy of entire application to: Director, Office of Nuclear Materials Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555. Upon approval of this application, the applicant will receive a Materials License. An NRC Materials License is issued in accordance with the general requirements contained in Title 10, Code of Federal Regulations, Part 30, and the Licensee is subject to Title 10, Code of Federal Regulations, Parts 19, 20 and 35 and the license fee provision of Title 10, Code of Federal Regulations, Part 170. The license fee category should be stated in Item 26 and the appropriate fee enclosed.

1.a. NAME AND MAILING ADDRESS OF APPLICANT (institution, firm, clinic, physician, etc.) INCLUDE ZIP CODE

Knute Landreth Jr. M. D.
P.O. Box 71
Sheridan, Wyoming 82801

TELEPHONE NO.: AREA CODE 307 6729500

1.b. STREET ADDRESS(ES) AT WHICH RADIOACTIVE MATERIAL WILL BE USED (if different from 1.a.) INCLUDE ZIP CODE

Sheridan Memorial Hospital
1401 W 5th
Sheridan, Wyoming 82801

2. PERSON TO CONTACT REGARDING THIS APPLICATION

Knute Landreth Jr. M.D.

TELEPHONE NO.: AREA CODE 1 _____

3. THIS IS AN APPLICATION FOR: (Check appropriate item)

a. ☐ NEW LICENSE

b. ☒ AMENDMENT TO LICENSE NO. 49-10982-02

c. ☐ RENEWAL OF LICENSE NO. _____

4. INDIVIDUAL USERS (Name individuals who will use or directly supervise use of radioactive material. Complete Supplements A and B for each individual.)

Knute Landreth Jr. M.D.

5. RADIATION SAFETY OFFICER (RSO) (Name of person designated as radiation safety officer. If other than individual user, complete resume of training and experience as in Supplement A.)

Fred C Lindemann M.D.

6.a. RADIOACTIVE MATERIAL FOR MEDICAL USE

RADIOACTIVE MATERIAL LISTED IN:	ITEMS DESIRED "X"	MAXIMUM POSSESSION LIMITS (In millicuries)	ADDITIONAL ITEMS:	MARK ITEMS DESIRED "X"	MAXIMUM POSSESSION LIMITS (In millicuries)
10 CFR 31.11 FOR IN VITRO STUDIES			IODINE-131 AS IODIDE FOR TREATMENT OF HYPERTHYROIDISM		
10 CFR 35.100, SCHEDULE A, GROUP I	X	AS NEEDED	PHOSPHORUS-32 AS SOLUBLE PHOSPHATE FOR TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA AND BONE METASTASES		
10 CFR 35.100, SCHEDULE A, GROUP II	X	AS NEEDED	PHOSPHORUS-32 AS COLLOIDAL CHROMIC PHOSPHATE FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.		
10 CFR 35.100, SCHEDULE A, GROUP III	X		GOLD-198 AS COLLOID FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.		
10 CFR 35.100, SCHEDULE A, GROUP IV		AS NEEDED	IODINE-131 AS IODIDE FOR TREATMENT OF THYROID CARCINOMA		
10 CFR 35.100, SCHEDULE A, GROUP V		AS NEEDED	XENON-133 AS GAS OR GAS IN SALINE FOR BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES		
10 CFR 35.100, SCHEDULE A, GROUP VI					

6.b. RADIOACTIVE MATERIAL FOR USES NOT LISTED IN ITEM 6.a. (Sealed sources up to 3 mCi used for calibration and reference standards are authorized under Section 35.14(d), 10 CFR Part 35, and NEED NOT BE LISTED.)

ELEMENT AND MASS NUMBER	CHEMICAL AND/OR PHYSICAL FORM	MAXIMUM NUMBER OF MILLICURIES OF EACH FORM	DESCRIBE PURPOSE OF USE
No Amendments or change from			49-10982-02
			FOIA 88-133, A5

NRC FORM 313M

(9-81)

8510240758

461648

24. PERSONNEL MONITORING DEVICES

TYPE (Check appropriate box)		SUPPLIER	EXCHANGE FREQUENCY
a. WHOLE BODY	<input checked="" type="checkbox"/> FILM	RS LANDAUER CO	MONTHLY
	<input type="checkbox"/> TLD		
	<input type="checkbox"/> OTHER (Specify)		
b. FINGER	<input checked="" type="checkbox"/> FILM	Same as above	same
	<input type="checkbox"/> TLD		
	<input type="checkbox"/> OTHER (Specify)		
c. WRIST	<input type="checkbox"/> FILM		
	<input type="checkbox"/> TLD		
	<input type="checkbox"/> OTHER (Specify)		

d. OTHER (Specify)

25. FOR PRIVATE PRACTICE APPLICANTS ONLY

a. HOSPITAL AGREEING TO ACCEPT PATIENTS CONTAINING RADIOACTIVE MATERIAL

NAME OF HOSPITAL

MAILING ADDRESS

CITY

STATE ZIP CODE

b. ATTACH A COPY OF THE AGREEMENT LETTER SIGNED BY THE HOSPITAL ADMINISTRATOR.

c. WHEN REQUESTING THERAPY PROCEDURES, ATTACH A COPY OF RADIATION SAFETY PRECAUTIONS TO BE TAKEN AND LIST AVAILABLE RADIATION DETECTION INSTRUMENTS.

26. CERTIFICATE

(This item must be completed by applicant)

The applicant and any official executing this certificate on behalf of the applicant named in Item 1a certify that this application is prepared in conformity with Title 10, Code of Federal Regulations, Parts 30 and 35, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

a. LICENSE FEE REQUIRED
(See Section 170.31, 10 CFR 170)

(1) LICENSE FEE CATEGORY

(2) LICENSE FEE ENCLOSED \$

b. APPLICANT OR CERTIFYING OFFICIAL (Signature)

(1) NAME (Type of Print)

Knute Landreth M.D.

(2) TITLE

Physician

c. DATE

April 2 1984

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER Knute Landreth, M.D.		2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE WY/CO		
3. CERTIFICATION				
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C		
Radiology	Diagnostic	In Testing Phase		
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	This instruction was given in an integrated	167	1150	
u. RADIATION PROTECTION	manner from 7-1-78 to 7-1-81 at Presbyterian	50	350	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	Medical Center, Denver, Colorado. It is not	30	200	
d. RADIATION BIOLOGY	possible to identify the actual dates of each	30	200	
e. RADIOPHARMACEUTICAL CHEMISTRY	instruction topic as several topics were addressed during each day.	35	250	
5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
		SEE ATTACHED		

Memorial Hospital of Sheridan County

1401 WEST FIFTH STREET

Sheridan, Wyoming 82801

JOHN OWEN YALE
ADMINISTRATOR

5. EXPERIENCE WITH RADIATION (form 313, SUPPLEMENT A)

During the period from 7-1-78 through 7-1-81 while a resident at Presbyterian Denver Hospital I spent nine months full time in the nuclear medicine service; in addition at various other times during my residency I served in that department.

During this training I received instruction and experience in the following aspects of Nuclear Medicine:

Ordering, receiving, and unpacking radioactive materials safely, including performance of the related radiation surveys.

Calibration of dose calibrators and diagnostic instrumentation, and performance of operational checks on survey meters.

Calculation, preparation, and calibration of patient doses, including radiation safety considerations.

Administration of doses to patients, including proper use of syringe shields.

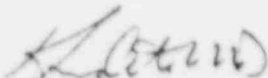
Appropriate internal control procedures to prevent the misadministration of materials to patients.

Emergency procedures to handle and contain spilled materials safely, including related decontamination procedures.

Participated in the elution of scores of Tc-99m generators which included testing the eluate for Molybdenum contamination and calibration of the resultant activity.

Participated in the preparation of scores of patient doses of radiopharmaceuticals from the eluate.

In addition, during the last six years as a staff physician at the Memorial Hospital of Sheridan County I have continued to have additional training and experience in these matters.



Knute Landreth, M.D.

KL:jr

PRECEPTOR STATEMENT

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

1. APPLICANT PHYSICIAN'S NAME AND ADDRESS

FULL NAME

Knut Landreth, Jr., M.D.

STREET ADDRESS

P.O. Box 71

CITY

Sheridan

STATE

Wyo

ZIP CODE

82801

2. PERSONAL PARTICIPATION

1-Supervised examination of patients to determine radiopharmaceutical diagnosis and/or treatment and follow-up. (Include dates, patient name, and results of examination.)

2-Participation in the management of patients with radioactive materials including calculation of the radiation measurements and plotting slides.

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	50	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	10	
	LIVER FUNCTION STUDIES	10	
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES	8	
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS	40	
I-131	THYROID IMAGING	10	
P-32	EYE TUMOR LOCALIZATION	0	
Se-75	PANCREAS IMAGING	0	
Yb-169	CISTERNOGRAPHY	7	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	220	
OTHER			
Tc-99m	BRAIN IMAGING	20	
	CARDIAC IMAGING	400	
	THYROID IMAGING	60	
	SALIVARY GLAND IMAGING	3	
	BLOOD POOL IMAGING	60	
	PLACENTA LOCALIZATION	0	
	LIVER AND SPLEEN IMAGING	275	
	LUNG IMAGING	220	
	BONE IMAGING	456	
OTHER			

PRECEPTOR STATEMENT (Continued)

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION B	COMMENTS C (Additional information or comments may be submitted in duplicate on separate sheets.)
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	3	
P-32 (Colloidal)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA	7	
	TREATMENT OF HYPERTHYROIDISM	12	
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	TELE THERAPY TREATMENT	X	
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	✓	
Sn-113/ In-113m	GENERATOR		
Tl-201m	REAGENT KITS	✓	
Other			

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

9 months

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

a. NAME OF SUPERVISOR

Wayne W Wenzel MD

b. NAME OF INSTITUTION

Presbyterian Medical Center

c. MAILING ADDRESS

1719 E 19th Ave

d. CITY

Denver Colo 80218

5. MATERIALS LICENSE NUMBER(S)

#110-02

5. PRECEPTOR'S SIGNATURE

Wayne W Wenzel

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

Wayne W Wenzel MD

8. DATE

22 March 84

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

Knut Landreth Jr. M.D.

STREET ADDRESS

P.O. Box 71

CITY

Sheridan

STATE

Wyo

ZIP CODE

82801

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	50	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	10	
	LIVER FUNCTION STUDIES	10	
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES	8	
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS	40	
I-131	THYROID IMAGING		
P-32	EYE TUMOR LOCALIZATION	0	
Se-75	PANCREAS IMAGING	0	
Yb-169	CISTERNOGRAPHY	7	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	220	
OTHER			
Tc-99m	BRAIN IMAGING	20	
	CARDIAC IMAGING	400	
	THYROID IMAGING	60	
	SALIVARY GLAND IMAGING	3	
	BLOOD POOL IMAGING	60	
	PLACENTA LOCALIZATION	0	
	LIVER AND SPLEEN IMAGING	275	
	LUNG IMAGING	220	
	BONE IMAGING	456	
OTHER			

461648

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	
P-32 (Colloidal)	INTRACAVITARY TREATMENT	0	
I-131	TREATMENT OF THYROID CARCINOMA	4	
	TREATMENT OF HYPERTHYROIDISM	12	
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	TELETHERAPY 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

9 months

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

a. NAME OF SUPERVISOR

James P. Wilson MD

b. NAME OF INSTITUTION

Presbyterian Medical Center

c. MAILING ADDRESS

1719 E 19th Ave

d. CITY

Denver Colo 80218

e. MATERIALS (LICENSE NUMBER(S))

110-02

5. PRECEPTOR'S SIGNATURE

James P. Wilson MD

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

James P. Wilson MD

8. DATE

22 March 84

Presbyterian Medical Center

Denver, Colorado



This is to Certify that
Erute Landreth, M.D.
has served with satisfaction
and credit the duties as
Diagnostic Radiology Resident
for the period
July 1, 1978 to July 1, 1981

Arthur F. Mabe
Chairman, Diagnostic Radiology

Michael A. DeLoach
Director of Medical Education



W. R. K. H.
Chairman of the Board of Directors

Evel L. Biggs
Administrator

William H. Nelson MD
President, Medical Staff

STATE OF WYOMING
BOARD OF MEDICAL EXAMINERS

3080A 03/31/88 026902
LICENSE NO. EXPIRATION DATE RECEIPT NO.

THIS IS TO CERTIFY THAT:

KNUTE LANDRETH JR, MD
1433 STONEGATE DR
SHERIDAN, WY 82801

IS DULY LICENSED TO PRACTICE MEDICINE AND
SURGERY IN THE STATE OF WYOMING.

[Signature]

SECRETARY

011108

SEP 10 1987

In Reply Refer To:
Docket: 30-13772/CAL 87-21

Memorial Hospital of Sheridan County
ATTN: Mr. John Yale, Administrator
1401 West Fifth Street
Sheridan, Wyoming 82801

Dear Mr. Yale:

SUBJECT: CONFIRMATION OF ACTION LETTER

This is to confirm the conversation between you and Mr. R. J. Everett, USNRC, Region IV on September 8, 1987. Based on this conversation, it is my understanding that Memorial Hospital of Sheridan County will take the following actions.

1. Cease allowing the use of licensed byproduct material by Dr. Knute Landreth until specifically authorized by the NRC.
2. Dr. Fred Matthews must practice utilizing licensed byproduct material under the auspices of Dr. Fred Lindemann until your license is properly amended making Dr. Matthews an authorized user of licensed byproduct material.

These actions will continue until further directed by the NRC.

Issuance of this confirmation of action letter does not preclude the issuance of an order formalizing the above commitment. If your understanding differs from that set forth above, please call Mr. R. J. Everett at (817) 860-8197 immediately.

Sincerely,

Original Signed by
Paul S. Cutch

Robert D. Martin
Regional Administrator

cc:
Wyoming Radiation Control Program Director

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

RIV *[initials]*
WHolley:cd
9/9/87

C:NMES
RJEverett
9/9/87

C:NMES
WLFisher
9/9/87

D:DRSS
RLBabbart
9/9/87

EO *[initials]*
DAPowers
9/9/87

RA *[initials]*
RDMartin
9/9/87

AI 87-354

FOIA 88-133, A 6

~~8749140269~~ 1p