

Tomé & Ubiñas Radio  
Oncology Center  
P.O. Box 70321  
San Juan, PR 00936-7921

February 5, 2002

Regional Administrator, Region II  
U.S. Nuclear Regulatory Commission  
Atlanta Federal Center  
61 Forsyth Street, SW, Suite 23185  
Atlanta, Georgia 30303-3415

RE: QMP update

Dear Sir or Madam:

The Tomé & Ubiñas Radio Oncology Center would like to make the following changes to our QMP program:

1. Prostate Implant QMP Sheet
2. Radioactive Shipment Receipt Record
3. Written Directive
4. Prostate Seed Inventory Log.

If you have any questions regarding these changes or need any further information, please feel free to contact me at (787) 316-7920.

Sincerely,



David Rhoe  
Radiation Safety Officer

**TOME AND UBIÑAS RADIO ONCOLOGY****Prostate Implant: QMP Sheet**

Patient: \_\_\_\_\_ M.D. \_\_\_\_\_  
Implant Date: \_\_\_\_\_ Implant Type: Primary / Boost  
Gleason Score: \_\_\_\_\_ PSA: \_\_\_\_\_ Volume: \_\_\_\_\_  
Isotope: I-125 / Pd-103 Dose (in Gy): \_\_\_\_\_

1. Patient identification verified by TWO methods: \_\_\_\_\_
2. M.D.'s authorization to order seeds verified: \_\_\_\_\_
3. # of seeds ordered: \_\_\_\_\_ on: \_\_\_\_\_
4. # of seeds received: \_\_\_\_\_ on: \_\_\_\_\_
5. Inventory / Log of Radioisotopes updated: \_\_\_\_\_
6. Seed activity verified: \_\_\_\_\_
7. # of needles needed & available for this implant: \_\_\_\_\_
8. Availability of at least 5 lead aprons at O.R. checked: \_\_\_\_\_
9. Seed loading as per Dose Distribution Plan checked: \_\_\_\_\_
10. Seed loading second check done (including special needles): \_\_\_\_\_
11. Needle placement in the Template read as per plan: \_\_\_\_\_
12. Needle placement in the Template verified: \_\_\_\_\_
13. # of seeds recovered/unused: \_\_\_\_\_ and stored for decay/return: \_\_\_\_\_
14. Planned # of seeds for implant: \_\_\_\_\_
15. Actual # of seeds implanted: \_\_\_\_\_
16. Survey meter Model #: \_\_\_\_\_ Serial #: \_\_\_\_\_ Calibrated on: \_\_\_\_\_
17. Post op survey done on: \_\_\_\_\_ by: \_\_\_\_\_  
Patient at 1m: \_\_\_\_\_ mR/hr OR post implant: \_\_\_\_\_ mR/hr Foley Catheter: \_\_\_\_\_ mR/hr  
Recovery: \_\_\_\_\_ mR/hr Autoclave: \_\_\_\_\_ mR/hr
18. Written discharge instruction given to patient: \_\_\_\_\_
19. Isotope Inventory / Log sheet updated: \_\_\_\_\_ Date: \_\_\_\_\_
20. Leftover seeds returned on: \_\_\_\_\_
21. Post implant CT done on: \_\_\_\_\_
22. Post implant dose distribution plan done on: \_\_\_\_\_
23. Pre and Post-plan dose distributions agree within acceptable limits: \_\_\_\_\_
24. M.D. signed pre & post implant dose distribution plans: \_\_\_\_\_

**PHYSICIST:** \_\_\_\_\_

## Radioactive Shipment Receipt Record

1. P O Number : \_\_\_\_\_ Survey Date : \_\_\_\_\_  
Time: \_\_\_\_\_ Surveyor : \_\_\_\_\_
  2. Condition of package :  
\_\_\_\_\_ OK  
\_\_\_\_\_ Other ( wet, crushed, punctured, etc ... )  
Explain : \_\_\_\_\_  
\_\_\_\_\_
  3. Radiation units of Label: \_\_\_\_\_
  4. Measured radiation levels : Survey Instrument: \_\_\_\_\_
    - I. Package surface \_\_\_\_\_ mR/hr
    - II. 3 feet or 1 meter from surface \_\_\_\_\_ mR/hr
  5. Do packing slip and vial contents agree?
    - I. Radionuclides ( yes / no ) \_\_\_\_\_ difference \_\_\_\_\_
    - II. Amount ( yes / no ) \_\_\_\_\_ difference \_\_\_\_\_
    - III. Chemical form ( yes / no ) \_\_\_\_\_ difference \_\_\_\_\_
  6. Survey results of packing material and cartoons \_\_\_\_\_ mR/hr
  7. Disposition of package after inspection : \_\_\_\_\_  
\_\_\_\_\_
- Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Tome & Ubiñas Radio Oncology Center**

### **Written Directive and Authorization For Ordering Radioactive Materials**

**Patient Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Implant Date:** \_\_\_\_\_

**Isotope:** \_\_\_\_\_

**Number of sources:** \_\_\_\_\_

**Source Activity:** \_\_\_\_\_

**Prescribed Dose:** \_\_\_\_\_

**Supplier:** \_\_\_\_\_

**Ordered by:** \_\_\_\_\_

**Authorized Physician:** \_\_\_\_\_