

# SETON CANCER INSTITUTE

800 South Washington Avenue

SAGINAW, MI 48601-2524

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#### RADIATION ONCOLOGY

KHURSHID AHMAD, M.D., MEDICAL DIRECTOR YOUNG H. KIM, M.D. MICHAEL C. CAPPELLI, M.D. TUSHAR R. SHAH, M.D.

U.S. Nuclear Regulatory Commission Region III Materials Licensing Section 2443 Warrenville Road Suite 210 Lisle, Illinois 60532-4351

RE: Amendment to NCR License

Dear Mrs Pelke,

Please find attached an additional information to previous Control Number 313005. We decided to narrow our request and to add. **Tushar Shah MD** as authorized user for 10 CFR 35.400 only.

Please contact the Radiation Safety Officer Jacek G. Wierzbicki PhD tel 989-776-8285 if you have any questions or require additional information.

3. Wierzbicki PhD

iesday, October 12, 2004





# TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT (continued)

## **PART II -- PRECEPTOR STATEMENT**

**Note:** This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. This part is not required to meet the training requirements in 10 CFR 35.590.

Item 10 must be completed for Nuclear Pharmacists meeting the requirements of 10 CFR Part 35, Subpart J. Preceptors do not have to complete items 11a, 11b, or the certifying statements for other individuals meeting the requirements of 10 CFR Part 35, Subpart J.

requirements of 10 CFR Part 35, Subpart J.		
YES 10. The individual named in item 1has satisfactorial N/A 10 CFR 35.980 and is competent to independe	• •	
YES 11a. The individual named in Item 1 has satisfactoric N/A and Paragraph(s) 35. 400 35.	Price.	
YES 11b. The individual named in Item 1. is competent to N/A	for 35.490 35/wyses (or units).	
12. PRECEPTOR APPROVAL AND CERTIFICATION		
I certify the approval of item 10 and certify I am an Authorized Nuclear Pharmacist;		
or		
I certify the approval of items 11a and 11b, and certify I am an Authorized Nuclear Pharmacist;		
or		
I certify the approval of Items 11a and 11b, and I certify that I meet the requirements of 35.400 35,/000 or equivalent Agreement State requirements to be a preceptor authorized when		
for the following uses (or units) of byproduct material:	35.400 35.1000	
A. Address  B. Materials License Number		
Dept of Rad. Oncology		
Henry Fond Hospital 2799 Warned Blad	21 -0410916	
Detroit MI 48202		
C. NAME OF PRECEPTOR (print clearly)  D. SIGNATURE -	PRESENTOR E. DATE	



### DEPARTMENT OF RADIATION ONCOLOGY Henry Ford Hospital & Medical Centers

August 24,2004

#### Jae Ho Kim, MD, PhD, FACR

Chair Herndon Chair

2799 West Grand Blvd. Detroit, MI 48202-2689 (313) 916-1021 Appt. (313) 916-3235 Fax

Henry Ford Medical Center 6777 W. Maple Road West Bloomfield, MI 48322 (248) 661-6487 Appt. (248) 661-7164 Fax

Downriver Center for Oncology

Dear Dr. Wierzbicki: Brownstown Township 19675 Allen Road Trenton, MI 48183 (734) 479-3311 Appts. (734) 479-8009 Fax

St. Joseph's Mercy of Macomb Cancer Care Center 15855 Nineteen Mile Road Clinton Township, MI 48038 (810) 263-2230 Appts. (810) 263-2239 Fax

Clinical Division

Education Division Physics Division

Research Division

Jacek Wierzbicki, Ph.D. Radiation Safety Officer Saint Mary's Hospital 800 S. Washington Street Saginaw, Michigan 48601

The purpose of this letter is to confirm that

Dr. Munther Ajlouni is an authorized user per the authority of the Radiation Safety Committee of

Henry Ford Hospital. The committee recognizes

Dr. Ajlouni as an authorized user of the following

radioactive sealed sources: Cesium-137, Iodine-125,

and Iridium-192 (seeds and High Dose Rate). The

Nuclear Regulatory Commission has issued broad

license #21-04109-16 to Henry Ford Hospital.

Sincerely; Flavious Martin

Flavious Martin Chairman

Radiation Safety Committee Henry Ford Hospital 2799 West Grand Blvd.,

Detroit, Michigan

48187





3.

# UNITED STATES NUCLEAR REGULATORY COMMISSION

REGION III 2443 WARRENVILLE ROAD STE 210 LISLE. ILLINOIS 60532-4352

MAY 0 6 2004

Jacek Wierzbicki, Ph.D. Radiation Safety Officer Saint Mary's 800 S. Washington Street Saginaw, MI 48601

Dear Dr. Wierzbicki:

Enclosed is Amendment No. 50 to your NRC Material License No. 21-03646-03 in accordance with your request. Please note that the changes made to your license are printed in **bold** font.

Note in particular that we were unable to add Tushar Shah, M.D. to your license as an authorized user for 35.300 and 35.400 materials, HDR's, the Novoste and Guidant IVB devices and the Guidant Galileo device. In order to add Dr. Shah to your license, it will be necessary for you to provide the following:

- 1. The Preceptor Statement provided did not include any documented experience Dr. Shah received with materials in 10 GFR 35.300. It will be necessary for Dr. Shah to provide documentation which clearly demonstrates that he has received experience with 35.300 materials in order for us to authorize his use of those materials;
- 2. The Preceptor Statement provided was not accurately completed. Provide a letter from Henry Ford Hospital's Radiation Safety Committee which confirms that Dr. Ajlouni is an authorized user under that license (21-04109-16) and identifies the materials he is authorized to use at that institution; and
  - please submit a completed page 4 of the Preceptor Statement (copy enclosed).

Information submitted in response to this letter should be addressed as additional information to previous Control Number 313005.

In addition, please note that the United States Nuclear Regulatory Commission Region III office has moved to a new location. The Region III telephone numbers will remain unchanged. Effective April 2, 2004, please send mail to our new address: United States Nuclear Regulatory Commission; Region III; 2443 Warrenville Road Suite 210; Lisle, IL 60532-4352.

SAINT

SETON CANCER INSTITUTE 800 South Washington Avenue Saginaw. MI 48601-2524



REGION III
Materials Licensing Action
Materials Licensing Action
Materials Licensing Action
2443 Warrenville Rd Suite 210

University Level Care in Your Community,

A FILE E

n = -		: (FOR LFMS USE) : INFORMATION FROM LTS
BE	TWEEN:	
Lio	cense Fee Management Branch, ARM	: Program Code: 02240 : Status Code: 0
Re	and gional Licensing Sections	: Status Code: 0 : Fee Category: 7C : Exp. Date: 20140930 : Fee Comments: : Decom Fin Assur Reqd: N
LI	CENSE FEE TRANSMITTAL	
Α.	REGION	
1.	APPLICATION ATTACHED Applicant/Licensee: SAINT MARY'S Received Date: 20041018 Docket No: 3002031 Control No.: 313825 License No.: 21-03646-03 Action Type: Amendment	
2.	FEE ATTACHED Amount: Check No.:	
3.	COMMENTS Signed	A Surveyini
В.	LICENSE FEE MANAGEMENT BRANCH (Check	when milestone 03 is entered //)
1.	Fee Category and Amount:	
2.	Correct Fee Paid. Application may be Amendment Renewal License	pe processed for:
3.	OTHER	
	Signed _ Date	