



Ms. Sandy Gabriel
Senior Health Physicist
NRC Region I
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King of Prussia, PA 19406-1415

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K-8

August 11, 2005

Re: Mail control 137133
License #: 29-03845-01

03002474

Dear Ms. Gabriel,

Attached please find a copy of our written directive for I-125, IOTREX intra-cavitary implants. The procedure uses the Gliasite Balloon Catheter and their Dose Calculation Tables.

If there are any questions, please call me at (201)634-5414, Fax (201)634-5768, or e-mail kchak@valleyhealth.com. Thank you very much.

Sincerely,


Ki-chuen Chak, Physicist
Radiation Oncology
Luckow Pavilion

137133

NMCC/RCNI MATERIALS-002

**THE VALLEY HOSPITAL
Radiation Oncology Department**

Written Directive for I-125 IOTREX Intracavitary Radiation

Before Implantation:

Patient: _____ Implant Date: _____

Patient ID: _____ Treatment Site: _____

GliaSite Balloon Fill Volume / Maximum Transverse Balloon Diameter of the Implanted Gliasite

Catheter: _____ cc / cm (circle one)

Activity and Radioisotope: _____ mCi of I-125 Solution (IOTREX)

Prescribed Dose: _____ Gy to: _____ cm from inflated balloon surface

Prescribed Dwell Time: _____ hours

Authorized User: _____ Date: _____

Description of Loading and Applicator
(if applicable):

After Implantation, but before Completion of Procedure:

Radiation Survey of Patient: _____

Working Area: _____ (to confirm that no spill or contamination of I-125 Iotrex)

Treatment Site: _____

Activity of Iotrex used: _____ mCi Prescribed Dose: _____ Gy

Prescribed to: _____ cm from inflated balloon surface Dwell Time: _____ hours

Date and Time of Implant: _____

Date and Time of Removal: _____

Authorized User: _____ Date: _____