

J.D. WILKINS, II
CHAIRMAN

ROBERT L. HARMAN
ADMINISTRATOR/CEO



REGIONAL HEALTH CARE CENTER
P.O. BOX 1019
PETERSBURG, WV 26847

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FAX (304) 257-9776

Br. 1

September 28, 2006

US Nuclear Regulatory Commission
Materials Licensing Branch
Region I
475 Allendale Road
King of Prussia, PA 19406

RECEIVED
REGION I
2006 OCT -5 PM 12: 29

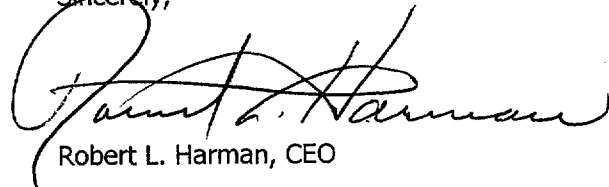
RE: Amendment to License
Radioactive Material License Nos. 47-25612-01 03036166
Grant Memorial Hospital

Gentlemen:

Please add David Isaacs, MD as an authorized user for 35.100 and 35.200. Preceptor forms are included with this amendment request.

If you have any questions or require additional information, please do not hesitate to contact us at anytime.

Sincerely,


Robert L. Harman, CEO

139522
NMSS/RGNI MATERIALS-002

**TRAINING AND EXPERIENCE - MEDICAL
AUTHORIZED USER OR RADIATION SAFETY OFFICER**

This Form is To Accompany An Application Form (RH 2000), OR a Letter Referencing Your California Radioactive Material License Number.

1. Name of Authorized User or Radiation Safety Officer or Radiation Safety Committee Member David Isaacs, M.D.	2. California Physician's & Supervisor's Certificate Number. If Applicable.
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3. CERTIFICATION		
Specialty Board A	Category B	Month and Year Certified C
American Board of Radiology	Diagnostic	June, 2005

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES			
FIELD OF TRAINING A	LOCATION AND DATES OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		LECTURE/ LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D
a. RADIATION PHYSICS AND INSTRUMENTATION	UCSD Radiology Residency 7/01-6/05	50 (estimated)	5 (estimated)
b. RADIATION PROTECTION	UCSD Radiology Residency 7/01-6/05	50 (estimated)	5 (estimated)
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	UCSD Radiology Residency 7/01-6/05	50 (estimated)	5 (estimated)
d. RADIATION BIOLOGY	UCSD Radiology Residency 7/01-6/05	50 (estimated)	5 (estimated)
e. RADIOPHARMACEUTICAL CHEMISTRY	UCSD Radiology Residency 7/01-6/05	50 (estimated)	5 (estimated)

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

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
Tc-99m	25 mCi	UCSD Radiology Residency 7/01-6/05	4 years	Diagnostic
I-123	0.2 mCi	UCSD Radiology Residency 7/01-6/05	4 years	Diagnostic
I-131	150 mCi	UCSD Radiology Residency 7/01-6/05	4 years	Diagnostic & Therapeutic
I-125	0.05 mCi	UCSD Radiology Residency 7/01-6/05	4 years	Diagnostic
In-111	0.5 mCi	UCSD Radiology Residency 7/01-6/05	4 years	Diagnostic
Ga-67	10 mCi	UCSD Radiology Residency 7/01-6/05	4 years	Diagnostic
Tl-201	4 mCi	UCSD Radiology Residency 7/01-6/05	4 years	Diagnostic
Xe-133	20 mCi	UCSD Radiology Residency 7/01-6/05	4 years	Diagnostic
Cr-51	0.2 mCi	UCSD Radiology Residency 7/01-6/05	4 years	Diagnostic
Co-57	15 mCi	UCSD Radiology Residency 7/01-6/05	4 years	Quality Control

1. APPLICANT PHYSICIAN'S NAME AND ADDRESS			KEY TO COLUMN C PERSONAL PARTICIPATION SHOULD CONSIST OF:
Full Name David Isaccs, M.D.			<ol style="list-style-type: none"> Supervised examination of patients to determine the suitability of radionuclide diagnosis and/or treatment and recommendations of prescribed dosage. Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data. Supervised interpretation of results of diagnostic studies. Adequate period of training to enable physicians to manage radioactive patients and follow patients through diagnosis and/or course of treatment
Street Address [REDACTED]			
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	

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 or separate sheets) D
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION	30	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	4	
	LIVER FUNCTION STUDIES		
	KIDNEY FUNCTION STUDIES		
	IN VITRO STUDIES	4	
OTHER			
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING	30	
P-32	EYE TUMOR LOCALIZATION		
Se-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	60	
OTHER			
Tc-99m	BRAIN IMAGING	60	
	CARDIAC IMAGING	100	
	THYROID IMAGING	60	
	SALIVARY GLAND IMAGING	2	
	BLOOD POOL IMAGING	50	
	LIVER AND SPLEEN IMAGING	40	
	LUNG IMAGING	70	
BONE IMAGING	100		
OTHER			

PERSONAL INFORMATION WAS REMOVED BY NRC. NO COPY OF THIS INFORMATION WAS RETAINED BY THE NRC.

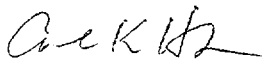
PRECEPTOR STATEMENT (Continued)

2. CLINICAL TRAINING AND EXPERIENCE OF THE 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 or separate sheets) D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	1	
P-32 (Colloidal)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA	30	
	TREATMENT OF HYPERTHYROIDISM	40	
Re-226 or Cs-137	INTERSITIAL THERAPY		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSITIAL TREATMENT		
Co-60 or Cs-137	TELE THERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION	10	
Mo-99/ Tc-99m	GENERATOR	10	
Tc-99m	REAGENT KITS	10	
Other			

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

Dr. Isaccs successfully completed a 4 year ACGME approved diagnostic radiology residency which includes the required clinical radioisotope training.

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:	6. Preceptor Signature 
a. Name of Supervisor Carl K. Hoh, M.D.	7. Preceptor's Name (Please type or print) Carl K. Hoh, M.D.
b. Name of Institution UCSD Dept of Radiology	8. Date 9/18/06
c. Mailing Address 200 W. Arbor Dr.	
d. City, State and Zip Code San Diego, CA 92103-8758	
5. MATERIALS LICENSE NUMBERS (S) RUA 490	

This is to acknowledge the receipt of your letter/application dated

09/28/2006, and to inform you that the initial processing which includes an administrative review has been performed.

Amendment 03036666 There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 139522.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

NRC FORM 532 (R1)
(6-96)

Sincerely,
Licensing Assistance Team Leader