ACCEPTANCE REVIEW MEMO (Arvil)

Licensee:	Mercy Medical Center	License No.: 11-27089-01
Docket No.:	030-32246	Mail Control No.: 471069
Type of Action:	Amend	Date of Requested Action: 07-18-06
Reviewer Assigned:	Jackie	ARM reviewer(s): Cook

Response	Deficiencies Noted During Acceptance Review	
	 Open ended possession limits. Limit possession. Submit inventory. Submit copies of most recent leak test results. Add - delete IC license condition. Add IC paragraph in cover letter. Split license from cover letter. Add SUNSI marking to license. Ask the licensee if they have any type-amount of EPAct Material. 	
Goo	Confirm that T&E/ preceptor statement is adequate.	

Reviewer's Initials: Date: Diff □Yes No Unrestricted release Group 2 or >: Transfer memo to FCDB within 10 days. □Yes No Decommissioning notification should be completed within 30 days. □Yes No Termination request < 90 days from date of expiration</td> □Yes No Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other) □Yes No TAR needed to complete action.

Branch Chief's and/or Sr. HP's Initials:

Date:

/ SUNSI Screening according to RIS 2005-31				
□Yes ☑No Non-Publicly Available, Sensitive if <u>any</u> item below is checked				
General guidance:				
RAM = or > than Category 3 (Table 1, RIS 2005-31), use Unity Rule				
Exact location of RAM (whether = or > than Category 3 or not)				
Design of structure and/or equipment (site specific)				
Information on nearby facilities				
Detailed design drawings and/or performance information				
Emergency planning and/or fire protection systems				
Specific guidance for medical, industrial and academic (above Category 3): RAM quantities and inventory Manufacturer's name and model number of sealed sources & devices Site drawings with exact location of RAM, description of facility				
RAM security program information (locks, alarms, etc.) Emergency Plan specifics (routes to/from RAM, response to security events)				
Vulnerability/security assessment/accident-safety analysis/risk assess				
Mailing lists related to security response				
Branch Chief's and/or Sr. HP's Initials:				
Pre-Licensing Screening				

ML070430358

Applicant Information:

Name: Mercy Medical Center	Type of Request: Amend Program Code(s):	
Location: ID	License No.: 11-27089-01	Docket No.: 030-32246

C. .crol No. 471069

STEP 1–Radioactive Materials and Quantities Requested:

Instructions for Step 1: Complete Step 1 for all applications. If all your responses in Step 1 are "No" then do not complete Step 2 Yes or (Screening Criteria). Sign and date the completed step-sheet and add it as the sensitive and non-publicly available OAR in ADAMS. If a No "yes" response is indicated for any item in Step 1, also complete Step 2. If the type of use is subject to a Security Order or the requirements for increased controls, complete Step 3 (Item A or Item B) without delay. N Α. The request is from a new applicant. Β. NUREG-1556, Volume 20, Section 4.9 indicates a licensing site visit is needed for the requested type of use, e.g., (1) Type A broad scope license, (2) panoramic irradiator containing > 10000 curies, (3) manufacturers or distributors using unsealed radioactive material or significant quantities of sealed material, (4) radioactive waste brokers, (5) radioactive waste incinerators, (6) commercial nuclear laundries, and (7) any other application that in the judgement of the reviewer and cognizant supervisor involves complex technical issues, complex safety questions, or unprecedented issues that warrant a site visit. C. The applicant requested certain radionuclides and quantities that equal or exceed the Risk Significant Quantity (TBq) values in the table, below, that have been "highlighted" by the reviewer

Category 2 Quantities, IAEA Safety Guide No. RS-G-1.9, Categorization of Radioactive Sources, August 2005)

Radionuclide	Risk Significant Quantity (TBq ¹)	Risk Significant Quantity (Ci ¹)	Radionuclide	Risk Significant Quantity (TBq ¹)	Risk Significant Quantity (Ci ¹)
Am-241	0.6	16	Pm-147	400	11,000
Am-241/Be	0.6	16	Pu-238	0,6	16
Cf-252	0.2	5.4	Pu-239/Be	0.6	16
Cm-244	0.5	14	Ra-226 ²	0.4	11
Co-60	0.3	8.1	Se-75	2	54
Cs-137	1	27	Sr-90 (Y-90)	10	270
Gd-153	10	270	Tm-170	200	5,400
lr-192	0.8	22	Yb-169	3	81

 The primary values are TBq. The curie (Ci) values are for informational purposes only.
 The Atomic Energy Act, as amended by the Energy Policy Act of 2005, authorizes NRC to regulate Ra-226 and NRC is in the process of amending its regulations for discrete sources of Ra-226.

Calculations of the Total Activity or the Unity Rule are attached to document whether or not the screening criteria in Step 2 were also completed to evaluate the application. NOTE–If an amendment of an existing license is being requested, the calculations will include the previously authorized quantities for the radionuclide(s).	Yes , No, or Not Applicable (NA)
Total Activity–multiple activities are requested for a single radionuclide and the sum of the activities equals or exceeds the quantity of concern for the radionuclide	
Unity Rulemultiple radionuclides are requested and the sum of the ratios equals or exceeds unity, e.g.,[(total activity for radionuclide A) + (risk significant quantity for radionuclide A)] + [(total activity for radionuclide B)] + (risk significant quantity for radionuclide B)] \geq 1.0.	

Signature and Date for Step 1:

Lidense Reviewer and Date

Mercy Medical Center

AUG 0 4 2006

DNMS

July 18, 2006

Nuclear Regulatory Region IV 611 Ryan Plaza Drive – Suite 400 Arlington, TX 76011-8064

Re: License Number 11-27089-01 Region Number 4

To Whom It May Concern:

Mercy Medical Center would like to amend license number 11-27089-01 to add a physician to our current license. The individual is a diplomat of the American Board of Radiology.

Add as user: Dirk E. Bigler, DO Authorized user for materials identified in 10CFR 35.100, 35.200 and 35.300. Please see attachments.

If additional information is needed, please feel free to contact me.

Sincerely,

and Mass

Joseph A. Messmer President & Chief Executive Officer

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Attachments -

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IDAHO STATE BOARD OF MEDICINE P.O. Box 83720 - Boise, Idaho 83720-0058

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This Certifies that

DIRK EDWARD BIGLER DO

Holds Idaho license as an

OSTEOPATHIC PHYSICIAN AND SURGEON

License No. O-325 Expire Date: 06/30/2008

Nancy Kerr Executive Director

DIRK EDWARD BIGLER DO

Duplicate copy of your license is attached for your convenience for use with credentialing/hospital privilege actions.

06/19/2006 155

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License No. 0-325 Nancy Kerr Expire Date: 06/30/2008 Executive Director 53

PRECEPTOR STATEMENT

Statement 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. APPLICANTS PHYSICIAN'S NAME AND ADDRESS		KEY TO COLUMN C Personal Participation Should Consist of:	
FULL NAME		1. Supervised examination of patients to determine the suitability for radioisotope	
Dirk E. Bigler, DO		diagnosis and/or treatment and recommendation for prescribed dosage.	
STREET ADDRE		2. Collaboration in dose calibration	
	venue Box 2555		and actual administration of ilation of the radiation dose, related measurements and
101 W 8 A	venue Box 2555	plotting of data.	nation of the radiation dose, related measurements and
CITY	STATE ZIP CODE		enable physician to manage radioactive patients and
Spokane	WA 99220-2555	follow patients through diagnosis and/or course of treatment.	
2. CLINICA	L IRAINING AND EXPERIENCE OF ABOVE	NAMED PHYSICIAN	a contration and
ISOTOPE	CONDITIONS DIAGNOSED OR TREATED	NUMBER OF CASES	COMME
A	B	INVOLVING PERSONAL	(Addition)
		PARTICIPATION	submitted
	DIAGNOSIS OF THYROID FUNCTION	<u>C</u>	
	Direntonia di minicola remembri		
	DETERMINATION OF BLOOD AND BLOOD PLASMA	12	
	VOLUME		
1-131	LIVER FUNCTION STUDIES	0	
or	FAT ABSORPTION STUDIES		
1-125			
	KIDNEY FUNCTION STUDIES	160	
	IN VITRO STUDIES	15	
OTHER	67 GALLIUM IMAGING	70	
1-125	DETECTION OF THROMBOSIS	0	
1-131	THYROID IMAGING	20	
P-32 *	EYE TUMOR LOCALIZATION	0	~ · ·
Se-75	PANCREAS IMAGING	0	
Yb-169	CISTERNOGRAPHY	10	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY	360	
OTHER	FUNCTION STUDIES	72	
OTHER	III In WBC SCANNING	10	
	BRAIN IMAGING	600 -	
-	CARDIAC IMAGING	25	
	THYROID IMAGING	0 -	
T- 00	SALIVARY GLAND IMAGING	55	
Tc-99m 두	BLOOD POOL MAGING	0	
	PLACENTA LOCALIZATION	325	
	LIVER AND SPLEEN IMAGING	360	-340 - 1
	LUNG IMAGING	325	
OTHER	BONE IMAGING	5	
UTHER	III IN MONOCLONAL IMAGING	1.2	

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

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSO PARTICIPATION
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	0 0
P-32 (Colloidal)	INTRACAVITARY TREATMENT	1
1-131	TREATMENT OF THYROID CARCINOMA	10
	TREATMENT OF HYPERTHRYROIDISM	14
Au-198	INTRACAVITARY TREATMENT	0
C0-60	INTERSTITIAL TREATMENT	Ū
or Cs-137	INTERCAVITARY TREATMENT	0
1-125 or	INTERSTITIAL TREATMENT	0
Ir-192 Co-60 or Cs-137	TELETHERAPY TREATMENT	0
Sr-90	TREATMENT OF EYE DISEASE	0
	RADIOPHARMACEUTICAL PREPARATION	
Mo-99/Tc-99m	GENERATOR	20
Sn-113/In-113m	GENERATOR	0
Tc-99m	REAGENT KITS	20
OTHER 89SR	TREATMENT OF BONY METASTASES	18
3. DATES AND TOTAL NUMB	ER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING	
DATES 960 Hrs 9/1/01-9/30/01 4/7/02-4/30/02 7/1/02-7/31/02 9/1/02-9/30/02	(6 months, full time)	
7/1/03-7/31/03 5/1/04-5/31/04	· -	

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4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED	6. PRECEPTOR'S SIGNATURE
UNDER THE SUPERVISION OF:	-1010
a. Name of Supervisor	Soland the ca
Preceptor	25ml AS Culle
b. Name of Institution:	7. PRECEPTOR'S NAME (Please Print)
Sacred Heart Medical Center	EDWIN R. HOLMES, III, M.D.
Department of Radiology	
b. Mailing Address::	8. DATE
101 w. 8th Ave., PO Box 2555	06/30/04
Spokane, WA 99220-2555	
5. MATERIALS LICENSE NUMBER (S)	
MO31-1	

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