



HUNTERDON
MEDICAL
CENTER

2100 WESCOTT DRIVE
FLEMINGTON, NJ 08822
PHONE 908-788-6100

March 26, 2007

NMSB1

U.S. Nuclear Regulatory Commission
Region I
ATTN. Medical License Assistance Section
475 Allendale Road
King of Prussia, PA 19406-1415

030-02481

Re: Amendment to NRC License No.29-05084-02

Dear Sir/Madam:

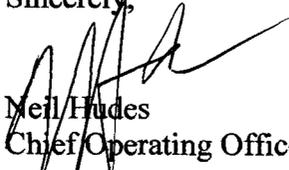
I am writing to request the expansion of the authorization of Howard S. Szikman, D.O. to include I-131 sodium iodide for the treatment of hyperthyroidism, and the addition of Thomas H. Woo, M.D. in categories 35.100, 35.200, and 35.300.

A letter attesting to training received by Dr. Szikman from our Radiation Safety Officer, Dr. Alice Sprenger, is enclosed. A preceptor statement for Dr. Woo is also included.

If you need additional information please do not hesitate to contact me or Dr. Sprenger.

Thank you for your assistance.

Sincerely,


Neil Hudes
Chief Operating Officer

cc. Alice Q. Sprenger, M.D.

Enclosures

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REGION I
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NMSS/RGNI MATERIALS-002



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ATTN. Medical License Assistance Section
475 Allendale Road
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Dear Sir/Madam:

Howard S. Szikman, D.O. has participated with me in the treatment of hyperthyroidism in ten (10) patients using I-131 sodium iodide.

His involvement in these treatments included: (1) a discussion of the characteristics of I-131 sodium iodide; (2) the details of the written directive and the importance of its correctness; (3) departmental procedures for handling the radionuclide, assaying the patient specific dose, and administering the radionuclide; (4) patient instruction; (5) release criteria according to 10 CFR 35.75; (6) the criteria for a medical event.

If you require additional information please do not hesitate to contact me.

Sincerely,

Alice Q. Sprenger MD

Alice Q. Sprenger, M.D.
Radiation Safety Officer

EXHIBIT 2
SUPPLEMENT A

SUPPLEMENT U.S. NUCLEAR REGULATORY COMMISSION
**TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER**

1. NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER
Thomas Hyunseop Woo M.D.

2. FOR PHYSICIANS, STATE OR TERRITORY WHERE LICENSED
Illinois

3. CERTIFICATION

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
<i>American Board of Radiology</i>		<i>May, 1999</i>

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		CLOCK HOURS IN LECTURE OR LABORATORY	CLOCK HOURS OF SUPERVISED ON-THE-JOB EXPERIENCE
<i>a. RADIATION PHYSICS AND INSTRUMENTATION</i>	<i>University of Chicago Hosp 7/95 - 6/99</i>	<i>>1000 hours</i>	<i>>1000 hours</i>
<i>b. RADIATION PROTECTION</i>			
<i>c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY</i>			
<i>d. RADIATION BIOLOGY</i>			
<i>e. RADIOPHARMACEUTICAL CHEMISTRY</i>			

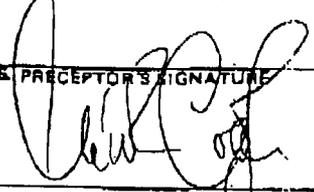
5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)

ISOTOPE	mCi USED AT ONE TIME	LOCATION	CLOCK HOURS	TYPE OF USE
<i>Tc-99m</i>	<i>60mci</i>	<i>University of Chicago Hospitals Chicago, IL</i>	<i>>1000 hours</i>	<i>Diagnostic & Therapeutic N.M.</i>
<i>Gallium-67</i>	<i>10 mci</i>			
<i>Tl-201</i>	<i>5 mci</i>			
<i>In-111</i>	<i>2 mci</i>			
<i>I-123</i>	<i>2 mci</i>			
<i>I-131</i>	<i>>100 mci</i>			
<i>Xe-133</i>	<i>25 mci</i>			

EXHIBIT 3
SUPPLEMENT B

SUPPLEMENT		U. S. NUCLEAR REGULATORY COMMISSION		
PRECEPTOR STATEMENT				
<p><i>Supplement B 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.</i></p>				
1. PROPOSED PHYSICIAN USER'S NAME AND ADDRESS			KEY TO COLUMN C PERSONAL PARTICIPATION SHOULD CONSIST OF:	
FULL NAME <u>Thomas Hyunsop Woo MD.</u>			1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage. 2-Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data. 3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.	
STREET ADDRESS <u>St Mary's Medical Center</u>				
<u>3801 Spring St</u>				
CITY <u>Racine</u>	STATE <u>WI</u>	ZIP CODE <u>53405</u>		
2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN				
ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS <i>(Additional information or comments may be submitted in duplicate on separate sheets.)</i> D	
	Thyroid scan	63		
	Thyroid uptake	63		
	Lung perfusion scan	243		
	Xenon ventilation study	242		
	Aerosol ventilation scan	0		
	Renal flow scan	42		
	Brain scan	14		
	Liver/spleen scan	12		
	Bone scan	672		
	Gastroesophageal study	27		
	LeVeen shunt study	0		
	Cystogram	0		
	Dacryocystogram	0		
	Cardiac perfusion scan	100		
	Cardiac stress ventriculogram	100		
	Cardiac rest ventriculogram	100		
Gallium scan	140			

EXHIBIT 3 (Continued)

PROPOSED PHYSICIAN USER <i>Thomas Hyunsop Woo M.D.</i>			
PRECEPTOR STATEMENT (Continued)			
2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)			
ISOTOPE	CONDITIONS DIAGNOSED OR TREATED	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION	COMMENTS <small>(Additional information or comments may be submitted in duplicate on separate sheets.)</small>
A	B	C	D
P-32 <i>(Soluble)</i>	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	0	
P-32 <i>(Colloidal)</i>	INTRACAVITARY TREATMENT	0	
I-131	TREATMENT OF THYROID CARCINOMA	7	
	TREATMENT OF HYPERTHYROIDISM	20	
Au-198	INTRACAVITARY TREATMENT	0	
Co-60 or Cs-137	INTERSTITIAL TREATMENT	0	
	INTRACAVITARY TREATMENT	0	
I-125 or Ir-192	INTERSTITIAL TREATMENT	0	
	TELE THERAPY TREATMENT	0	
Sr-90	TREATMENT OF EYE DISEASE	0	
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR		
Sr-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS		
Other			
3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING			
LOCATION		DATES	CLOCK HOURS OF EXPERIENCE
University of Chicago Hospital		7/1/95 - 6/30/99	More than 1000 hours
4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:		5. PRECEPTOR'S SIGNATURE	
A. NAME OF SUPERVISOR <i>Malcolm Cooper, M.D.</i>		 7. PRECEPTOR'S NAME <small>(Please type or print)</small> MALCOLM COOPER	
B. NAME OF INSTITUTION <i>University of Chicago</i>			
C. MAILING ADDRESS <i>5841 S. Maryland Ave</i>			
D. CITY <i>Chicago, IL 60637</i>			
5. MATERIALS LICENSE NUMBER(S) <i>12-00509-03</i>		8. DATE <i>2/7/00</i>	

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

3/26/2007, and to inform you that the initial processing which includes an administrative review has been performed.

ATTEND. 29-05084-02
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 140313.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.