



Northeastern Vermont Regional Hospital, Inc.

1315 Hospital Drive | PO Box 905 | St. Johnsbury, Vermont 05819  
802.748.8141 | www.nvrh.org

*NMSS*

July 12, 2007

From: Paul R. Bengtson, CEO

To: US Nuclear Regulatory Commission  
Region I, 475 Allendale Road  
King of Prussia, PA 19406-1415

*03010781*

Ref: License No. 44-<sup>16262</sup>~~19196~~-01  
*nm*

Subj: Addition of new Authorized User

Please find enclosed material documenting appropriate training and experience for our new Radiologist, Dr. Daniel Fodor. Please permit him to have 35.100, 35.200, and Oral Administration of Sodium Iodide Iodine-131 in quantities less than or equal to 33 millicuries.

Should you have further questions regarding this matter, please don't hesitate to contact Bradley Collette, RSO at (802)748-7447. Thank you, in advance, for your consideration of this matter

Sincerely,

Paul R. Bengtson, CEO

*140811*

NMSS/RGN1 MATERIALS-002

*David Jordan*

SECTION A

CERTIFICATION SPECIFICATION

Name of Governing Board: \_\_\_\_\_  
 Certification Specification: \_\_\_\_\_  
 Date of Certification: \_\_\_\_\_

Section B: I am not board certified. Information regarding applicable training and experience, and appropriate preceptor statements are provided.

TRAINING AND EXPERIENCE

| FIELD OF TRAINING<br>A  | LOCATION AND DATE(S) OF TRAINING<br>B   | TYPE AND LENGTH OF TRAINING                   |  |
|---|---|---|--|
|   |   | CLOCK HOURS<br>IN LECTURE<br>OR<br>LABORATORY | CLOCK HOURS<br>OF SUPERVISED<br>ON-THE-JOB<br>EXPERIENCE |
| a. RADIATION PHYSICS AND INSTRUMENTATION                                | University Hospital<br>E. L. Saenger Radioisotope Laboratory<br>Stephen R. Thomas, Ph.D.<br>Ranasing Samaratunga, Ph.D. | 60 hours                                      | 20 hours   |
| b. RADIATION PROTECTION   | University Hospital<br>E. L. Saenger Radioisotope Laboratory<br>Michael Burba, Deputy RSO                               | 9 hours                                       | 2 hours  |
| c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY   | University Hospital<br>E.L. Saenger Radioisotope Laboratory<br>Ranasing Samaratunga, Ph.D.                              | 2 hours                                       | 1 hour   |
| d. RADIOPHARMACEUTICAL CHEMISTRY OF BY-PRODUCT MATERIAL FOR MEDICAL USE | University Hospital<br>E.L. Saenger Radioisotope Laboratory<br>Lee Washburn, Ph.D. Chemistry                            | 2 hours                                       | 2 hours  |
| e. RADIATION BIOLOGY  | University Hospital<br>E.L. Saenger Radioisotope Laboratory<br>Stephen R. Thomas, Ph.D                                  | 10 hours                                      | -----  |

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

| ISOTOPE   | mCi USED AT ONE TIME<br>(Maximum Activity)   | LOCATION  | CLOCK HOURS | TYPE OF USE  |
|---|--|---|-------------|--|
| Tc-99m<br>Tl-201<br>I11-In<br>Ga-67<br>I-123<br>I-131, etc. | ~1.5 Curie per elution<br>5 mCi<br>500 uCi<br>10 mCi<br>200 uCi<br>250 mCi   | Nuclear Medicine<br>Laboratories at University,<br>Veterans and Children's<br>Hospitals | 700 hours   | Imaging studies,<br>generator elution;<br>kit preparations including<br>Tc-MAA, Tc-MDP |
| Additional:   | clinical lectures - 83 hours<br>Radiology T-meeting - 20 hours<br>Board review - 25 hours PET<br>conference - 12 hours | University Hospital   | 140 hours   | Case review  |

## PRECEPTOR STATEMENT

PRECEPTOR STATEMENT Page 2 of 3

*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 for each.*

**1. PROPOSED PHYSICIAN USER'S NAME AND ADDRESS**

FULL NAME **Daniel Fodor, M.D.**

STREET ADDRESS [REDACTED]

CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]

**KEY TO COLUMN C**

**PERSONAL PARTICIPATION SHOULD CONSIST OF:**

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.

**2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN**

| ISOTOPE<br>A | CONDITIONS DIAGNOSED OR<br>TREATED<br>B | AVERAGE NUMBER OF<br>CASES INVOLVING<br>PERSONAL<br>PARTICIPATION | COMMENTS<br><i>(Additional information or comments may be<br/>submitted in duplicate on separate sheets.)</i>   |
|--------------|---|---|---|
|              | Thyroid uptake and scan                 | 81  | <p style="transform: rotate(-45deg); font-weight: bold; font-size: 1.2em;">PERSONAL INFORMATION WAS REMOVED<br/>BY NRC. NO COPY OF THIS INFORMATION<br/>WAS RETAINED BY THE NRC.</p> <p style="font-size: 0.8em; margin-top: 20px;">Other includes tumor imaging, lacrimal imaging, PET scans, DEXAs, CSF shunt, GFR, C-14 breath test, parathyroid, adrenal scan, cisternogram, thyroid cancer workups</p> |
|              | Lung perfusion scan                     | 253   |   |
|              | Xenon ventilation study                 | 251   |   |
|              | Aerosol ventilation scan                | 7   |   |
|              | Renal flow and scan                     | 58  |   |
|              | Brain scan                              | 20  |   |
|              | Liver/spleen scan                       | 5   |   |
|              | Bone scan                               | 449   |   |
|              | Gastric emptying study                  | 34  |   |
|              | Blood volumes                           | 16  |   |
|              | G-I bleeding study                      | 10  |   |
|              | Cardiac perfusion imaging               | 245   |   |
|              | Cardiac stress ventriculogram           | 1   |   |
|              | Cardiac rest ventriculogram             | 122   |   |
|              | Gallium scan                            | 1   |   |
|              | Hepatobiliary scan                      | 48  |   |
|              | White cell scan                         | 12  |   |
|              | Lymph node scans                        | 32  |   |
|              | Other                                   | 594   |   |



This is to acknowledge the receipt of your letter/application dated 7/12/2007, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 44-16262-a  
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

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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** 140811.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.

Sincerely,  
Licensing Assistance Team Leader