



**Copley Hospital**

528 Washington Highway  
Morrisville, VT 05661  
(802) 888-4231  
www.copleyvt.org

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NMSBL

July 12, 2007

FROM: Melvyn Patashnick, CEO  
TO: US Nuclear Regulatory Commission  
Region 1, 475 Allendale Road  
King of Prussia, PA 19406-1415  
REF: License No. 44-19196-01  
SUBJ: Addition of New Authorized User

03017125

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)888-8387. Thank you, in advance, for your consideration of this matter.

Melvyn Patashnick, CEO  
Copley Hospital  
528 Washington Highway  
Morrisville, VT 05661

14086

NMSS/RGN1 MATERIALS-002

Section A: I am board certified as listed below.

SECTION A

CERTIFICATION SPECIFICATION

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

[x] 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 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
a. RADIATION PHYSICS AND INSTRUMENTATION	University Hospital E. L. Saenger Radioisotope Laboratory Stephen R. Thomas, Ph.D. Ranasing Samaratunga, Ph.D.	60 hours	20 hours
b. RADIATION PROTECTION	University Hospital E. L. Saenger Radioisotope Laboratory Michael Burba, Deputy RSO	9 hours	2 hours
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	University Hospital E.L. Saenger Radioisotope Laboratory Ranasing Samaratunga, Ph.D.	2 hours	1 hour
d. RADIOPHARMACEUTICAL CHEMISTRY OF BY-PRODUCT MATERIAL FOR MEDICAL USE	University Hospital E.L. Saenger Radioisotope Laboratory Lee Washburn, Ph.D. Chemistry	2 hours	2 hours
e. RADIATION BIOLOGY	University Hospital E.L. Saenger Radioisotope Laboratory Stephen R. Thomas, Ph.D	10 hours	-----

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

ISOTOPE	mCi USED AT ONE TIME (Maximum Activity)	LOCATION	CLOCK HOURS	TYPE OF USE
Tc-99m Tl-201 111-In Ga-67 I-123 I-131, etc.	~1.5 Curie per elution 5 mCi 500 uCi 10 mCi 200 uCi 250 mCi	Nuclear Medicine Laboratories at University, Veterans and Children's Hospitals	700 hours	Imaging studies, generator elution; kit preparations including Tc-MAA, Tc-MDP
Additional:	clinical lectures - 83 hours Radiology T-meeting - 20 hours Board review - 25 hours PET 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 **5027 Village Drive**

CITY **Cincinnati**      STATE **OH**      ZIP CODE **45244**

**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 A	CONDITIONS DIAGNOSED OR TREATED B	AVERAGE NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION	COMMENTS <i>(Additional information or comments may be submitted in duplicate on separate sheets.)</i>
	Thyroid uptake and scan	81	
	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	Other includes tumor imaging, lacrimal imaging, PET scans, DEXAs, CSF shunt, GFR, C-14 breath test, parathyroid, adrenal scan, cisternogram, thyroid cancer workups

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

ISOTOPE A	PROCEDURES PERFORMED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION	COMMENTS <i>(Additional information or comments may be submitted in duplicate on separate sheets.)</i>
P-32	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
P-32	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA	26	
	TREATMENT OF HYPERTHYROIDISM	31	
Au-198	INTRACAVITY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITY TREATMENT		
	TELEETHERAPY TREATMENT		
Sr-90	TREATMENT FOR EYE DISEASE		
Mo-99	GENERATOR ELUTION	5	
Tc-99m	REAGENT KIT PREPARATION	5	
In-111	WHITE BLOOD CELLS PREPARATION		
Other	Sm-89 THERAPY	1	

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

<b>LOCATION</b>	<b>DATES</b>	<b>CLOCK HOURS OF EXPERIENCE</b>
Nuclear Medicine Departments at University, Children's and Veterans Hospitals	July 2002 - June 2006	1048 hours

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:

Mariano Fernandez-Ulloa, M.D.  
Edward B. Silberstein, M.D.  
Jonathan Rubin, MD.  
Names of supervising physicians

The University Hospital  
Name of Institution

234 Goodman Street, Nuclear Medicine, ML 0577  
Mailing Address

Cincinnati	OH	45219-2316
City	State	Zip Code

5. MATERIALS LICENSE NUMBER (S)  
University of Cincinnati 34-06903-05

6.   
PRECEPTOR'S SIGNATURE

7. Mariano Fernandez-Ulloa, M.D.  
Medical Director, Nuclear Medicine

PRECEPTOR'S PRINTED/TYPE

8. June 8, 2006

DATE

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. 44-19196-01  
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** 140816.  
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