

Department of Radiology

2401 Gillham Road Kansas City, Missouri 64108 Phone: (816) 234-3273 Fax: (816) 983-6912

November 27, 2007

Nuclear Regulatory Commission Medical Licensing Division, Region III 2443 Warrenville Road Lisle, IL 60532-4351

To Whom It May Concern:

Please amend our Radioactive Materials License #24-15513-01 (Children's Mercy Hospital; 2401 Gillham Road; Kansas City, MO 64108) to include the following changes:

Dr. Doug Rivard, D.O. has recently joined our team and has completed his training which enables him to be an authorized user. Please see the attached forms 313A AUD and AUT for details about his training.

We request that Dr. Doug Rivard, D.O. now be placed on our license as an Authorized User for Medical Use described in 35.100 and 35.200 (excluding Xenon-133) and 35.300.

Your attention in this matter is greatly appreciated.

Sincerely,

Nanci Burchell, BS, CNMT, FSNMTS

Hand G. Budlell, RSC

Radiation Safety Officer

Frank P. Morello, MD Radiologist-in-Chief

Katherine M. Gyves-Ray, MD

Lisa H. Lowe, MD

Megan E. McDonald, DO

Charlotte Waugh Moore, MD

Dauglas C. Rivard, DO

Cynthia N.R. Taylor, MD

Steven T. Welch, MD

Corliss J. Panis, BA, RT (R), Administrative Director November 27, 2007

Nuclear Regulatory Commission Medical Licensing Division, Region III 2443 Warrenville Road Lisle, IL 60532-4351

To Whom It May Concern:

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We request that Dr. Doug Rivard, D.O. now be placed on our license as an Authorized User for Medical Use described in 35.100. and 35.200 (excluding Xenon-133) and 35.300.

Your attention in this matter is greatly appreciated.

Sincerely,

Nanci Burchell, Radiation Safety Officer

| NRC FORM 313A (AUD) (2-2007) | u,s. Nucle | AR REGULATO | ORY COMMISSION | | |
|--|--|---------------------------------------|----------------------------------|-------------------------------|-----------------------------|
| AUTHORIZED USER TRA AND PRECEPTO (for uses defined under 3: [10 CFR 35.190, 3: | R ATTESTAT 5.100, 35.200 | FION), and 35.9 | | APPROVED BY EXPIRES: 10/31 | OMB: NO. 3150-0129 /2008 |
| Name of Proposed Authorized User | | State or Terri | tory Where Licens | ed | |
| Doug C. Rivard, D.O. | | Missouri | | | |
| Requested Authorization(s) (check all that ap | oply) | | | | |
| 35.100 Uptake, dilution, and excretion str | udies | | i : : | | |
| 35.200 imaging and localization studies | : | | | | |
| 35.500 Sealed sources for diagnosis (spe | ecify device | | | , | |
| | T i ~ TRAINING | | | | |
| the date of application or the individual muthe required training and experience was education and experience related to the u 1. Board Certification a. Provide a copy of the board certification b. If using only 35.500 materials, stop is Preceptor Attestation. | completed. Pro- ses checked ab- tion. nere. If using 35 | vide dates, (ove. 5.100 and 38 | duration, and des | cription of cont | inuin g |
| 2. Current 35,390 Authorized User Se a. Authorized user on Materials Licens State requirements seeking authorize | 2 | Me | uthorization eting 10 CFR 35. | .390 or equivak | ent Agreement |
| b. Supervised Work Experience. (If more than one supervising individual copies of this section.) | | | nt supervised wo | rk experience, | provide multiple |
| Description of Experience | | f Experience t Number of | /License or Facility | Clock Hours | Dates of Experience" |
| Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs | | | | | |
| | Total Hours | of Experie | nce: | | 1 |
| Supervising Individual | • • ··! <u>-</u> | License/Po authorized | ermit Number listin user | g supervising ind | lividual as an |
| Supervisor meets the requirements bet | ow, or equivaler | _ | | ents (check all | that apply). |

NRC FORM \$15A (AUC) (3-2007)

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PAGE

| . Training and Experience for Pro a. Classroom and Laboratory Training | | User | | | |
|--|--|--|---|----------------|--------------------------|
| Description of Training | Loc | ation of Traint | ng , | Clock Hours | Dates of Training* |
| Radiation physics and instrumentation | Tuisa Regional Me 744 W. 9th St Tuisa, OK 74127 | dicel Center | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 80 | 7-1-2002 to 6-30-2006 |
| Radiation protection | Same se Above | | | 21 | Same as Abo |
| Mathematics pertaining to the use and measurement of radioactivity | Same as Above | The state of the s | urzett. (j | 40 | Same as Abov |
| Chemistry of byproduct material for medical use (not required for 35.590) | Same as Above | | | 20 | Same as Abov |
| Radiation biology | Same as Above | | w M3 + w 6 | 40 | Same as Abo |
| b. Supervised Work Experience (co (If more than one supervising ind provide multiple copies of this se | lividual is necessar, | e is not requi | red for 35,590). | | |
| Supervised Work Experience | | | al Hours of | | |
| Description of Experience Must include: | | Experience/L Number of F | icense or | Confirm | Dates of Experience |
| Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys | Tulsas Regional Me 744 W. 9th St. Tulsa, OK 74127 35-05860-01 | dical Center | | ✓ Yes No | 7-1-2002 to 6-30-2006 |
| Performing quality control procedures on instruments used to | Same as Above | | | ✓ Yes | Same as Abor |

| <u> Fraining and Experience for Propos</u> | ed Authorized U | ser (contine | ied) | | · · · · · · · · · · · · · · · · · · |
|--|--|---|--------------------------|-----------------|-------------------------------------|
| b. Supervised Work Experience. (car | | : ' | i ! | | |
| Description of Experience Must Include: | | f Experience t Number of | Micense or Facility | Confirm | Dates of Experience |
| Calculating, measuring, and safely preparing patient or human research subject dosages | Tulsa Regional Me 744 W. 9th St. Tulsa, OK 74127 | odical Center 35-05860 |) - - | ✓ Yes | 7-1-2002 to 6-30-2008 |
| Using administrative controls to prevent a medical event involving the use of unscaled byproduct material | Same as Above | | | ✓ Yes No | Same as Abov |
| Using procedures to contain spilled hyproduct material safety and using proper decontamination procedures | Same as Above | | Adams pro v. v. v. v. u. | Yes No | Same as Abov |
| Administering dosages of radioactive drugs to patients or human research subjects | Same as Above | | | Yes No | Same as Abov |
| Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent cits to prepare labeled radioactive drugs | Same as Above | | | Yes No | Same as Abon |
| Supervising Individual Dean Fullingim, D.O. | | License/Per authorized (35-05860 | | supervising inc | iwiduai as an |
| Supervisor meets the requirements be | low, or equivalent | Agreement | State requireme | ents (check one | |
| 35.190 35.290 | 35,390 | - : | nerator experie | | |
| c. For 35.590 only, provide document | ation of training o | | | ocation and D | ates |
| | | | | | |
| | : | | | | |

| | RM 313A (AUD) | | | | | U.S. NUCLEAR REGULA | |
|-----------------|--|-------------------------------------|--|---------------------------------------|-----------------------|--|------------------|
| 3-200 7) | AUTHORIZED US | ER TRAINING | 3 AND EXPERIE | NCE AND PR | ECEPTO | RATTESTATION (co | ntinued) |
| | | - | PART II - PRECE | PTOR ATTE | STATION | 1 | |
| Note: | individual as long a | as the precepto ecessary to do | or provides, direct current experient | ts, or verifies to ce, obtain a se | raining ar | r does not have to be th nd experience required receptor statement from | l. If more than |
| | Section i one of the followin | ng for each us | se requested: | : | 1 1 1 1 1 | | İ |
| For | <u>35.190</u> | | | | 1 | | |
| | Board Certification | l | | • | 1 | | |
| | l attest that | | | has satisfac | ptorily con | mpleted the requiremen | nts in |
| | | | sed Authorized User | | 1 | | 1 |
| ı | | | s achieved a level cal uses authorize | ed under 10 CF | | ent to function independ o. | ently as an |
| 1 | Training and Expe | rience | | OR | : | | |
| | | Doug C. Rivard | I, D.O. | has satisfad | atorily ~~ | mpleted the 60 hours o | f training and |
| | ा वायहरू (प्रस्तुत् | - - | sed Authorized User | .mar calleld | y cul | TEIDHING OF THE PARTY. | |
| | 35.190(c)(1), a | cluding a minin and has achiev | num of 8 hours of | patency suffici | ient to fur | tory training, required by notion independently as 0. | y 10 CFR s an |
| For | r 35,290 | | | • | : | | |
| | Board Certification | 1 | , | · | | | |
| 1 | I attest that | | and Authorized User | has satisfa | ctorily co | mpleted the requiremen | nts in |
| | | 0(a)(1) and ha: | | | | ent to function independ 10 and 35.200. | dently as an |
| | | | | OR | 1 | | |
| | Training and Expe | inence | | | : | | |
| | attest that | Doug C. Rivan | d, D.O. | has satisfa | ctorily co. | mpleted the 700 hours | of training |
| į L | CFR 35,290(c) | e, including a r)(1), and has a | minimum of 80 ho | of competency: | sufficient | aboratory training, requit to function independer to and 35.200. | nited by 10 |
| | nd Section plete the following (| for preceptor | attestation and | signature: | | | |
| | I meet the req | wkements bek | tw. or equivalent | Agreement St | ate reguli | rements, as an authoriz | red user for: |
| | 35.190 | 35.290 | 35.390 | | | ator experience | |
| Name | of Preceptor | | Signature | ۸۸ ر | • | Telephone Number | Date , |
| | Fullingim, D.O. | | Vacas | Feller | W | Telephone Number 918-599-5031 | Date 11/14/07 |
| | e/Permit Number/Faci 5860-01 Tulsa Region | - | ter | | | are made defined relative to the state of the state | . , · · · · |
| L | | | | 1 | : | | PAGE 4 |
| | | | | | | | |

U.S. NUCLEAR REGULATORY COMMISSION NRC FORM 313A (AUT) 3-2007 AUTHORIZED USER TRAINING AND EXPERIENCE APPROVED BY OMB: NO. 3150-0120 AND PRECEPTOR ATTESTATION EXPIRES: 10/31/2008 (for uses defined under 35.300) [10 CFR 35.390, 35.392, 35.394, and 35.396] State or Territory Where Licensed Name of Proposed Authorized User Doug C. Rivard, D.O. Missouri Requested Authorization(s) (check all that apply): 35 300 Use of unsealed byproduct material for which a written directive is required OR Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 35.300 1.22 gigabecquerels (33 millicuries) Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 35.300 gigabecquerels (33 millicuries) 35.300 Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 160 keV for which a written directive is required 35,300 Parenteral administration of any other radionuclide for which a written directive is required PART I - TRAINING AND EXPERIENCE (Select one of the three methods below) Training and Experience, including board certification, must have been obtained within the 7 years preceding the date
of application or the individual must have related continuing education and experience since the required training and
experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above. 1. Board Certification a. Provide a copy of the board certification. b. For 35.390, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience. c. For 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.s., 3.b., and 3.c. may be used to document this experience. d. Skip to and complete Part II Preceptor Attestation. 2. Current 35,300, 35,400, or 35,600 Authorized User Seeking Additional Authorization a. Authorized User on Materials License under the requirements below or equivalent Agreement State requirements (check all that apply): 35.394 35.490 35,690 35,390 35.392 b. If currently authorized for a subset of clinical uses under 35,300; provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation. c. If currently authorized under 35.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience.

NRC FORM SHISK (ALIT) (S-2002)

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Also provide completed Part II Preceptor Attestation.

PAGE

| . Training and Experience for | Proposed Authorize | | • | - | |
|---|--|---|----------------------------------|-------------------|--|
| a. Classroom and Laboratory Tr | raining 35.390 | √ 35.39 | 2 📝 3 | 5.394 | 35.396 |
| Description of Training | Locati | on of Training | | Clock Hours | Dates of Training* |
| nstrumentation | Tulsa Regional Medical 744 W. 9th St. Tulsa, OK 74127 | Center | | 80 | 7-1-2002 to 6-30-2006 |
| Radiation protection | Same as Above | | | 21 | Same as Abov |
| Mathematics pertaining to the use and measurement of radioactivity | Same as Above | | No. of Fr. of Section 200 | 40 | Same as Abov |
| Chemistry of byproduct material for medical use | Same es Above | | | 20 | Same as Abov |
| Radiation biology | Same as Above | | | 40 | Same as Abov |
| · · · · · · · · · · · · · · · · · · · | Total Hours of Trail | ning: 201 | | | |
| b. Supervised Work Experience | 35.390 | ₹ 35.39 | | 35.394 | 35,396 |
| If more than one supervising | ingiviqual is necessar | y to docum an | t supervised t | raining, provide | mumple copies |
| of this page. Supervised Work Experience | .,,, | | vial Hours of | | |
| | | | otal Hours of openience: | | |
| | Location of E | | rperience: tense or | Confirm | Dates of Experience |
| Supervised Work Experience Description of Experience Must Include: Ordering, receiving, and unpacking radioactive materials | Permit N Tulsa Regional Medical 744 W, 9th St. | experience/Lic lumber of Fac | rperience: tense or | Confirm Yes | Experience 7-1-2002 to |
| Supervised Work Experience Description of Experience Must Include: Ordering, receiving, and | Permit N | experience/Lic lumber of Fac | operience: cense or cility | | Experience |
| Supervised Work Experience Description of Experience Must Include: Ordering, receiving, and unpacking radioactive materials | Permit N Tulsa Regional Medical 744 W, 9th St. | Experience/Lic lumber of Fac Center | operience: cense or cility | Yes | Experience 7-1-2002 to |
| Description of Experience Must Include: Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of | Permit N Tulsa Regional Medical 744 W, 9th St. Tulsa, OK 74127 | Experience/Lic lumber of Fac Center | operience: cense or cility | Yes No | 7-1-2002 to 6-30-2006 |
| Description of Experience Must Include: Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters Calculating, measuring, and safely preparing patient of human research subject | Permit N Tulsa Regional Medical 744 W, 9th St. Tulsa. OK 74127 Same as Above | Experience/Lic lumber of Fac Center | operience: cense or cility | Yes No Yes No Yes | Experience 7-1-2002 to 6-30-2006 Same as About |

| FORM 313A (AUT) | NIAVO ANTO EVDERIC | U.S. NUCLEAR REGULA NCE AND PRECEPTOR ATTESTATION (co | |
|--|--|---|--------------------------|
| Training and Experience for P | | | munued) |
| b. Supervised Work Experience | | | |
| Supervising Individual | | Canada Maria Maria Calan ayan dana ind | |
| Coper vising incorporati | | License/Pernit Number listing supervising ind suthorized user | INIQUEL SE SIT |
| Dean Fullingim, D.O. | | 35-05860-01 | |
| Supervising individual meets the apply)**: | requirements below, | or equivalent Agreement State requirements | (check all that |
| 35,390 With experience | administering dosage: | s of: | |
| 35.392 | requiring a written din | ective in quantities less than or equal to 1.22 | |
| 35.394 gigabecquere | ələ (33 millicuries) | | |
| ☐ 35.396 ✓ Oral Nai-131 | in quantities greater th | han 1.22 gigabecquerels (33 millicuries) | |
| Parenteral ac | ministration of beta-en | mitter, or photon-emitting radionuclide with a a written directive is required | photon |
| | | a written directive is required a written directive | |
| L | | | |
| Supervising Authorized User must I requesting authorized user status. | tave experience in administ | ering dosages in the same dosage category or categoric | es as the individual |
| | | | |
| c. Supervised Clinical Case Ex If more than one supervising multiple copies of this page. | | ry to document supervised work experience, p | orovide |
| Description of Experience | Number of Cases Involving Personal Participation | Location of Experience/License or Permit Number of Facility | Dates of Experience* |
| Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerals (33 millicuries) | 27 | Tulse Regional Medical Center 744 W. 9th St. Tulsa, OK 74127 35-05860-01 | 7 1 2002 to 8-30-2006 |
| | | * ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | |
| Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries) | 6 | Same as Above | Same as Above |
| Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required | | | |
| Parenteral adminstration of any other radionuclide for which a written directive is required | | | |
|) | 1 | | |

| NRC FORM 818A (AUT) | · · · · · · · · · · · · · · · · · · · | | U.S. NUCLEAR REGULATORY COMMISSION |
|---|---|-----------------------------------|--|
| AUTHORIZED USER | TRAINING AND EXPERIE | YCE AND PR | PRECEPTOR ATTESTATION (continued) |
| 3. Training and Experience | for Proposed Authorized | User (contin | tinued) |
| c. Supervised Clinical Ca | se Experience (continued) | 1 | |
| Supervising Individual | | authorized | |
| Dean Fullingim, D.O. | | 35-0586 | 360-01 |
| Supervising individual me apply)***: | ets the requirements below, | or equivalent | nt Agreement State requirements (check all that |
| ✓ 35.390 With expension | ience administering dosages | of: | |
| ☑ 35,394 gigaber | cquerels (33 millicuries) | | antities less than or equal to 1.22 |
| 35 398 V Oral Na | | | pabecquerels (33 millicuries) |
| Parente | eral administration of beta-er less than 150 keV requiring | nitter, or phol a written dire | oton-emitting radionuclide with a photon rective is required |
| Parente | eral administration of any oth | er radionucik | clide requiring a written directive |
| Supervising Authorized User requesting authorized user: | r must have experience in administ status. | ering dosages in | in the same dosage category or categories as the individual |
| d. Provide completed Pal | rt If Preceptor Attestation. | : | · : : |
| | PART II - PRECE | PTOR ATTE | ESTATION |
| individual as long as th | ne preceptor provides, direct | s, or vennes t | e preceptor does not have to be the supervising s training and experience required. If more than separate preceptor statement from each. |
| First Section Check one of the following f | or each requested authoria | ration: | |
| For 35.390: | | | |
| Board Certification | | : | |
| I attect that | Name of Proposed Authorized User | has sati | atisfactorily completed the training and experience |
| requirements in 35 | .390(a)(1). | : : : | : : |
| | | OR | · · : |
| Training and Experie | nce | : | |
| l attest that | Name of Proposed Authorized User | has sati | stisfactorily completed the 700 hours of training |
| and experience, in 10 CFR 35.390 (b) | cluding a minimum of 200 h | ours of classin | sroom and laboratory training, as required by |
| | | | |
| | | : | |

| IRC FORM 313A (AUT) | U.S. NUCLEAR REGULATORY COMMISSION |
|--|---|
| AUTHORIZED USER TRAINING AND EXPERIENCE | CE AND PRECEPTOR ATTESTATION (continued) |
| Preceptor Attestation (continued) | |
| First Section (continued) | |
| For 35.392 (Identical Attestation Statement Regardles | s of Training and Experience Pathway): |
| | has satisfactorily completed the 80 hours of classroom |
| 1 attest that Doug C. Riverd, D.O. Name of Proposed Authorized User | 1185 Schaladony Complete the Complete |
| and laboratory training, as required by 10 CFR 35, experience required in 35.392(c)(2). | 392(c)(1), and the supervised work and clinical case |
| For 35.394 (Identical Attestation Statement Regardia | es of Training and Experience Pathway): |
| / I attest that Doug C. Rivard, D.O. | has satisfactorily completed the 80 hours of classroom |
| Name of Proposed Authorized User | |
| and laboratory training, as required by 10 CFR 35 experience required in 35.394(c)(2). | 394 (c)(1), and the supervised work and clinical case |
| Second Section | |
| I attest that Doug C. Rivard, D.O. Henre of Proposed Authorized User | has satisfactorily completed the required clinical case |
| experience required in 35.390(b)(1)(ii)G listed beli | bw: |
| Oral Nat-131 requiring a written directive in que gigabecquerels (33 millicuries) | antities less than or equal to 1.22 |
| Oral Nat-131 in quantities greater than 1.22 gi | gabecquerels (33 millicuries) |
| Parenteral administration of beta-emitter, or penergy less than 150 keV requiring a written of | noton-emitting radionuclide with a photon frective is required |
| Parenteral administration of any other radionu | iclide requiring a written directive |
| | |
| Third Section | |
| ! attest that Doug C. Rivard, D.O. Name of Proposed Authorized User | has satisfactorily achieved a level of competency to |
| function independently as an authorized user for: | |
| Oral Nat-131 requiring a written directive in que gigabecquerels (33 millicuries) | uantities less than or equal to 1.22 |
| ☑ Oral Nal-131 in quantities greater than 1.22 g | igabecquerels (33 millicuries) |
| Parenteral administration of beta-emitter, or penergy less than 150 keV requiring a written of | hoton-emitting radionuclide with a photon directive is required |
| Parenteral administration of any other radions | cclide requiring a written directive |
| | |

| NRC FORM 3194 (AUT) | i | U.S. NUCLEAR REGULATORY COMMISSION |
|--|---|--|
| ³⁻²⁰⁰⁷⁾ AUTHORIZED USER TRAINING AN | D EXPERIENCE AND | PRECEPTOR ATTESTATION (continued) |
| Fourth Section | | |
| For 35.396: | : : | |
| Current 35.490 or 35.690 authorized u | rser: | |
| I attest that | | authorized user under 10 CFR 35.490 or 35.690 |
| or equivalent Agreement State required by 10 laboratory training, as required by 10 | irements, has satisfact 0 CFR 35.396 (d)(1), a), and has achieved a li | corily completed the 80 hours of classroom and and the supervised work and clinical case seek of competency sufficient to function |
| Parenteral administration of any than 150 keV for which a written | beta emitter, or photor directive is required | n-emitting radionuclide with a photon energy less |
| Parenteral administration of any | other radionucilde for v | which a written directive is required |
| ŕ | ÓR | |
| Board Certification: | | : |
| I attest that | | atisfactorily completed the board certification |
| requirements of 35.395(c), has satis required by 10 CFR 35.396 (d)(1) at 35.396(d)(2), and has achieved a lequired usor for: | stactorily completed the nd the supervised work rvel of competency suff | e 80 hours of classroom and laboratory training k and clinical case experience required by ficient to function independently as an |
| Parenteral administration of any than 150 keV for which a written | | n-emitting radionuclide with a photon energy less |
| Parenteral adminstration of any | other radionuclide for v | which a written directive is required |
| Fifth Section Complete the following for preceptor attest | tation and signature: | |
| I meet the requirements below, or equi | valent Agreement State | e requirements, as an authorized user for |
| ☑ 35.390 ☐ 35.39 2 ☐ | 35.394 | 396 |
| I have experience administering dosage requesting authorization. | es in the following cate | egories for which the proposed Authorized User is |
| Oral Nal-131 requiring a written dire millicuries) | ective in quantities less | than or equal to 1.22 gigabecquerels (33 |
| ✓ Oral Nat-131 in quantities greater ti | han 1.22 g igabe cquere | els (33 millicuries) |
| Parenteral administration of beta-er 150 keV requiring a written directive | militer, or photon-emilli e is required | ng radionuclide with a photon energy less than |
| Parenteral administration of any oth | er radionuclide requiri | ng a written directive |
| Name of Preceptor Signs | | Telephone Number Date |
| Dean Fullingim, D.O. | Use Toller | 918-599-5031 |
| Licenses Fermit Number/Facility Name 35-05860-01 Tuisa Regional Medical Center | 4 | |
| And the grante medical Collect | <u></u> | Pa/a |

Children's Mercy Hospital Department of Radiology 2401 Gillham Road Kansan City, MO 64108



Nuclear Regulatory Commission Medical Licensing Division, Region III 2443 Warrenville Road Lisle, IL 60532-4351