



DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
FORT CAMPBELL, KENTUCKY 42223-5349

REPLY TO
ATTENTION OF:

March 11, 2008

Office of the Commander

NMSS1

Radiology Department

United States Nuclear Regulatory Commission Region 1
475 Allendale Road
King of Prussia, Pennsylvania
19046-1405

03036430

SUBJECT: Amendment to NRC License 16-30845-01

This amendment request is to revise the list of Authorized Users in section 12.0 of NRC License 16-30845-01.

Add Captain Clark Jonathan Brixey, M.D. as authorized user. Information to support adding Dr. Brixey is included with this letter.

Material and Use will remain as for the other authorized users.

Please direct any questions to Dr. Marcial Favila, BACH Radiation Safety Officer, (270) 798-8333.

Sincerely,

Richard W. Thomas, MD
Colonel, U.S. Army
Commanding

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REGION 1
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NMSS/RGN1 MATERIALS-002

**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
(for uses defined under 35.100, 35.200, and 35.500)
[10 CFR 35.190, 35.290, and 35.590]APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2008

Name of Proposed Authorized User

State or Territory Where Licensed

CPT Clark J. Brixey, MC

Requested Authorization(s) (check all that apply)

☒ 35.100 Uptake, dilution, and excretion studies☒ 35.200 Imaging and localization studies☐ 35.500 Sealed sources for diagnosis (specify device _____)**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 obtained 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. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.

☐ **2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization**

a. Authorized user on Materials License _____ meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290.

b. Supervised Work Experience.
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Experience/License or Permit Number of 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	NA		

Total Hours of Experience:

Supervising Individual _____

License/Permit Number listing supervising individual as an authorized user _____

Supervisor meets the requirements below, or equivalent Agreement State requirements (check all that apply).

☒ 35.290☐ 35.390 + generator experience in 32.290(c)(1)(ii)(G)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use (not required for 35.590)			
Radiation biology			

Total Hours of Training:

- b. Supervised Work Experience** (completion of this table is not required for 35.590).
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Supervised Work Experience		Total Hours of Experience:	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		<input type="checkbox"/> Yes <input type="checkbox"/> No	

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work Experience. (continued)

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Administering dosages of radioactive drugs to patients or human research subjects		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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	NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervising Individual	License/Permit Number listing supervising individual as an authorized user		

Supervisor meets the requirements below, or equivalent Agreement State requirements (check one).

☐ 35.190 ☐ 35.290 ☐ 35.390 ☐ 35.390 + generator experience in 35.290(c)(1)(ii)(G)

c. For 35.590 only, provide documentation of training on use of the device.

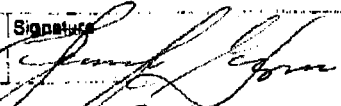
Device	Type of Training	Location and Dates

d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.

03/11/2008 09:16 2707988243

BLACHFIELD RADIOLOGY

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NRC FORM 313A (AUD) (10-2007)	U.S. NUCLEAR REGULATORY COMMISSION		
AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)			
PART II - PRECEPTOR ATTESTATION			
<p>Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. (Not required to meet training requirements in 35.390)</p> <p>By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."</p>			
<p>First Section Check one of the following for each use requested:</p>			
<p><u>For 35.190</u></p>			
<p><u>Board Certification</u></p>			
<p><input checked="" type="checkbox"/> I attest that <u>Clark J. Brixey, MD</u> has satisfactorily completed the requirements in</p> <p style="text-align: center; font-size: small;">Name of Proposed Authorized User</p> <p>10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.</p> <p style="text-align: center;">OR</p>			
<p><u>Training and Experience</u></p>			
<p><input type="checkbox"/> I attest that _____ has satisfactorily completed the 60 hours of training and</p> <p style="text-align: center; font-size: small;">Name of Proposed Authorized User</p> <p>experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.</p>			
<p><u>For 35.290</u></p>			
<p><u>Board Certification</u></p>			
<p><input checked="" type="checkbox"/> I attest that <u>Clark J. Brixey, MD</u> has satisfactorily completed the requirements in</p> <p style="text-align: center; font-size: small;">Name of Proposed Authorized User</p> <p>10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.</p> <p style="text-align: center;">OR</p>			
<p><u>Training and Experience</u></p>			
<p><input type="checkbox"/> I attest that _____ has satisfactorily completed the 700 hours of training</p> <p style="text-align: center; font-size: small;">Name of Proposed Authorized User</p> <p>and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.</p>			
<p>Second Section Complete the following for preceptor attestation and signature:</p>			
<p><input checked="" type="checkbox"/> I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:</p> <p> <input checked="" type="checkbox"/> 35.190 <input checked="" type="checkbox"/> 35.290 <input type="checkbox"/> 35.390 <input type="checkbox"/> 35.390 + generator experience </p>			
Name of Preceptor <u>Jennifer Surgen</u>	Signature 	Telephone Number <u>202-782-0168</u>	Date <u>11 Mar 08</u>
License/Permit Number/Facility Name <u>Walter Reed Army</u>		<u>08-01738-02</u>	

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The American Board of Radiology

*Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology, the Association of
University Radiologists, and American Association of Physicists in Medicine*

Hereby certifies that

Clark Jonathan Brixey, MD

*Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of*

The American Board of Radiology

On this sixth day of June, 2007

*Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of*

Diagnostic Radiology

AB Eligible

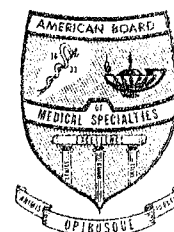


Certificate No. 53879

Phyllis O. Anderson, MD
President

Lith Eichen
Secretary-Treasurer

R.P. Hatten, MD
Executive Director



Valid through 2017



DEPARTMENT OF THE ARMY
WALTER REED ARMY MEDICAL CENTER
WALTER REED HEALTH CARE SYSTEM
WASHINGTON DC 20307-5001

REPLY TO
ATTENTION OF

Date: 30 June 2007
From: Diagnostic Radiology Residency Program Director
To: CPT Clark Brixey

Subject: FINAL RESIDENCY EVALUATION

1. This memorandum constitutes the final review of your performance during four years of residency training. A regular summary evaluation has also been prepared, as is our custom.
2. At the end of your four years of residency training, you have demonstrated sufficient professional ability to practice diagnostic radiology completely and independently. Under separate cover you will be asked to apply for credentials as a Diagnostic Radiologist. Your training has included: chest radiology, three months of mammography, musculoskeletal radiology, gastrointestinal radiology, genitourinary radiology, neuroradiology, pediatric radiology, ultrasound, and cardiovascular/interventional radiology. A documented, supervised experience in angiography, imaging guided biopsies and drainage, non-coronary angioplasties, embolization and infusion procedures, and percutaneous introduction techniques has also been provided.
3. Your residency has also included 5 months training in nuclear medicine, meeting the requirements of the Nuclear Regulatory Commission for licensure. Specifically, this includes 700 hours of training and experience, including a minimum of 80 hours of classroom and laboratory training, in basic radionuclide handling techniques applicable to the medical use of unsealed byproduct material for imaging and localization studies, as well as training in the administration of I-131, as specified in NRC 10 CFR part 35, paragraphs 35.290 and 35.392. This includes training in the areas of radiology physics, radiation biology, radiation protection, and radiologic-pathologic correlation.
4. Having completed the above training, I am happy to verify that you have satisfied the requirements for completion of the National Capital Consortium Diagnostic Radiology Residency. The Accreditation Council for Graduate Medical Education accredits this program.
5. Let me add that I have sincerely enjoyed participating in your training and observing your growth in radiology. Best wishes for a happy, successful, and professionally rewarding career.

Fletcher M. Munter
FLETCHER M. MUNTER
LTC, MC, USA

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 (PRINT OR TYPE)

FULL NAME

CPT Clark J. Brixey

STREET ADDRESS

6900 Georgia Ave. N.W.

CITY

Washington D.C.

ZIP CODE

20307-5001

KEY TO COLUMN C

PERSONAL PARTICIPATION SHOULD CONSIST OF:

1. Supervised examination of patients to determine the suitability for radionuclide diagnosis and/or treatment and recommendation for prescribed dosage.
2. Collaboration is 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

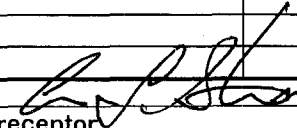
NUCLIDE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION	COMMENTS (ADDITIONAL INFORMATION OR COMMENTS MAY BE SUBMITTED IN DUPLICATE ON SEPARATE SHEETS.) D
	DIAGNOSIS OF THYROID FUNCTION	18	<p style="text-align: center;">National Capital Consortium Quality Assurance Document 10 USC 1102 Improper Release Subject to Fines up to \$20,000</p>
I-131	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	1	
OR	LIVER FUNCTION STUDIES		
I-125	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES		
	IN-VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING		
P-32	EYE TUMOR LOCALIZATION		
SE-75	PANCREAS IMAGING		
YB-169	CISTERNOGRAPHY		
XE-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	18	
AEROSOL	PULMONARY FUNCTION STUDIES		
Tc-99m	BRAIN IMAGING	1	100% SPECT
	CARDIAC IMAGING	345	
	THYROID IMAGING	19	
	SALIVARY GLAND IMAGING		Gated cardiac blood pool, 7% exercise
	BLOOD POOL IMAGING	109	
	PLACENTAL LOCALIZATION		
	LIVER AND SPLEEN IMAGING	4	10% SPECT
	LUNG IMAGING	18	
	BONE IMAGING	182	15% SPECT
OTHER Cr-51	RED CELL MASS / RBC SURVIVAL / SEQUESTRATION	1	

ADDENDUM TO CLINIC TRAINING AND EXPERIENCE

(Page 6, NRC-313m)

NUCLIDE	CONDITION DIAGNOSED/TREATED	NO. OF PERSONAL PARTICIPATION CASES	COMMENTS
99mTc	Cardiac Shunts		
	CEA		
	Cystogram (Retrograde)	3	
	Defecography		
	Esophageal Clearance	1	
	Deep Vein Thrombosis (Accutech)		
	Gastric Emptying	10	
	Gastric Reflux		
	GFR		
	G.I. Bleed	2	
	Hemangioma (RBC)	1	SPECT
	Hepatobiliary	18	
	Lymphoscintigraphy (HSA)	11	
	Meckels Imaging	1	
	Milk Aspiration	2	
	Myocardial Perfusion	248	22% Drug Stress, SPECT
	Parathyroid	7	
	Peritoneal Shunts		
	Renal (Cortical)	8	50% SPECT
	Renal (Flow/Function)	15	40% Drug Intervention
	Scintomammography		
	Testicular		
	Tumor (Neotect, Mibi)		
	WBC (HMPAO) Infection		10% SPECT
67Ga	Infection/Tumor		65% SPECT
111In	WBC's Infection	2	10% SPECT
	CSF Flow		
	Oncoscint (Tumor)		
	Octreoscan (Endo Tumor)	2	
	Prostascint		
	Zevalin		
123I	Thyroid (Imaging)		
	Thyroid (Uptake)		
	MIBG Tumor		
	Thyroid (Imaging) N&C	4	
131I	Thyroid (Imaging) N&C	6	
	Thyroid (Uptake) Dosimetry	1	
	MIBG Tumor		
	NP59 Adrenal		
89Sr	Metastron		
201Tl	Myocardial (Stress/Rest)	177	30% Drug Stress, SPECT
	Whole Body		
	Brain		
153Sm	Quadramet		
57/58Co	Schillings Test	1	
18F	Tumor Localization	112	

Preceptor Statement for: CPT Clark J. Brixey


 Preceptor
 Nuclear Medicine
 Walter Reed Army Medical Center
 Washington D.C.

Preceptor Statement for: CPT Clark J. Brixey

PRECEPTOR (Continued)

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

NUCLIDE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (ADDITIONAL INFORMATION OR COMMENTS MAY BE SUBMITTED IN DUPLICATE ON SEPARATE SHEETS.) D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA AND BONE METASTASES		
P-32 (Colloidal)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA	4	
	TREATMENT OF HYPERTHYROIDISM	6	
Au-198	INTRACAVITARY TREATMENT	4	
Pd-103	INTERSTITIAL TREATMENT		
Co-60 or	INTERSTITIAL TREATMENT		
Cs-137	INTRACAVITARY TREATMENT		
I-125	INTERSTITIAL TREATMENT		
Ir-192	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
	BRONCHIAL TREATMENT		
Co-60 or Cs-137	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR		
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS		
OTHER			
C-14	Urea Breath Test	1	
Y-90	Non-Hodgkins Lymphoma Treatment		

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIONUCLIDE TRAINING.
1 July 2003 – 30 June 2007

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

b. NAME OF SUPERVISOR (PRINT OR TYPE)

LTC Aaron L. Stack

b. NAME OF INSTITUTION

Walter Reed Army Medical Center

c. MAILING ADDRESS

6900 Georgia Ave. N.W.

d. CITY

Washington

e. STATE

D.C.

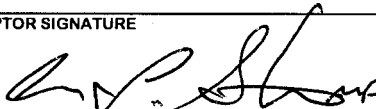
f. ZIP

20307-5001

5. MATERIALS LICENSE NUMBER(S) AND ISSUING AGENCY

08-01838-02

6. PRECEPTOR SIGNATURE



7. PRECEPTOR'S NAME (Please type or print)

Aaron L. Stack

LTC MC

Chief, Nuclear Medicine Service

8. DATE

30 June 07

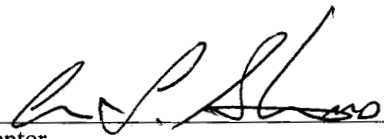
¹³¹Iodine Ablation Therapy for Thyroid Cancer
Nuclear Medicine Service
Preceptor Statement for: CPT Clark J. Brixey

DTG	Name	FMP-SSN	Dosage (mCi)	Preceptor
11-17-03	[REDACTED]	[REDACTED]	154.3	MAJ Jennifer Jurgens
12-20-06	[REDACTED]	[REDACTED]	106	COL Thomas Allen
01-03-07	[REDACTED]	[REDACTED]	237	COL Thomas Allen
01-08-07	[REDACTED]	[REDACTED]	160	LTC Aaron Stack

¹³¹Iodine Therapy for Hyperthyroidism
Nuclear Medicine Service
Preceptor Statement for: CPT Clark J. Brixey

DTG	Name	FMP-SSN	Dosage (mCi)	Preceptor
12-02-03	[REDACTED]	[REDACTED]	13.42	MAJ Jaime Montilla
12-05-03	[REDACTED]	[REDACTED]	16.16	MAJ Jaime Montilla
12-21-06	[REDACTED]	[REDACTED]	15.68	COL Thomas Allen
01-05-07	[REDACTED]	[REDACTED]	16.43	MAJ(P) Jennifer Jurgens
01-08-07	[REDACTED]	[REDACTED]	19.25	LTC Aaron Stack
01-12-07	[REDACTED]	[REDACTED]	16.82	LTC Sidney Hinds

Date: 30 June 2007


Preceptor

AARON L. STACK
LTC, MC
Chief, Nuclear Medicine Service

PERSONAL INFORMATION WAS REMOVED
BY NRC. NO COPY OF THIS INFORMATION
WAS RETAINED BY THE NRC.

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

3/11/2008, and to inform you that the initial processing which includes an administrative review has been performed.

☒ Amended 16-30845-0
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** 142252.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.