5721 West 119th Street
Overland Park, Kansas 66209
(913) 498-7363 – voice
(913) 345-3720 – fax

Date: 11/18/08

To: Toye Simmons - NIRC

From: Jason Hummel

Fax Number: 630-515-1078

No. of Pages: 16

Control # 317343

Comments: Toye, here is a new letter from Lee's Summit Hospital and a copy of the preceptor attestations for forms 313A(ALiT) and 313A(AUD). Thank you very much for your time.

If there is a transmitting problem, please contact: Jason Hummel 913-345-3607

This facsimile contains CONFIDENTIAL INFORMATION, which may also be LEGALLY PRIVILEGED and which is intended only for the use of the individual or entity named above. If the reader of the facsimile is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, you are hereby on notice that you are in possession of confidential and privileged information. Any dissemination, distribution or copying of this facsimile is strictly prohibited. If you have received this facsimile in error, please immediately notify the sender by telephone (collect) & return the original facsimile to the sender at the below address via the U.S. Postal Service.

2100 SE BLUE PARKWAY • LEE'S SUMMIT, MISSOURI 64063 • (816) 282-

Lee's Summit MEDICAL CENTER
Your HCA Midwest Hospital

November 18, 2008

U.S. Nuclear Regulatory Commission Region III
Materials Licensing Branch
2343 Warrenville Road
Suite 210
Lisle, IL 60532-4352

RE: Amendment Request
License No. 24-24660-01

Dear Sirs,

We still wish to add the following physician to our license:

Jason Eric Himmel for 10 CFR 35.100, 35.200, 35.300

Enclosed is a copy of his American Board with NRC of Radiology and compliance with NRC Training and Experience requirements for A&B.

If you have any questions concerning this, please do not hesitate to contact us at (816) 282-5624.

Sincerely,

Tracy Miller
Director Imaging Services
Lee's Summit Medical Center

Fax sent by : 9134986699
JUN. 30. 2008 1:30PM
11-18-08 15:04 Pg: 3/10
No. 5019 P. 5

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

Jason E. Himmel, 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

AM Eligible

THE AMERICAN BOARD OF RADIOLOGY
INCORPORATED IN THE DISTRICT OF COLUMBIA
1934

President

Secretary-Treasurer

Executive Director

AMERICAN BOARD OF MEDICAL SPECIALTIES

Certificate No. 56129

Valid through 2017

Form A

American Board of Radiology – Program Director Attestation

COMPLIANCE WITH NRC TRAINING AND EXPERIENCE REQUIREMENTS

More information can be found at the following link:
http://www.nrc.gov/reading-rm /doc-collections/cfr/part035/part035-0290.html

Jason E. Himmel
Resident Name

Crupiten
Program

Program #

	YES	NO
By the time of the ABR oral examination, this applicant will have successfully completed the hours of training and experience as outlined in 10 CFR 35.290 and 35.392.....	☒	☐
This applicant has taken part in ≥ 3 cases of oral administration of I-131 therapy (≥ 33mCi).....	☒	☐
The resident's logbook of these therapy experiences (date, dose, and preceptor) is attached.....	☒	☐
The work and experience cited above for § 35.290 was obtained under the supervision of an Authorized User (AU) who meets the requirements under relevant sections of § 35.290 or equivalent Agreement State requirements.....	☒	☐
The work and experience cited above for § 35.392 was obtained under the supervision of an Authorized User (AU) who meets the requirements under § 35.390, 35.392 or 35.394 or equivalent Agreement State requirements.....	☒	☐

James J. Phalen, M.D.
Residency Program Director
(Print Name)

James J Phalen
Program Director
(Signature)

5-1-07
Date

Form B

I-131 Therapy Experience

Jason Hummel — Resident Name

Creighton — Program & Number

	Date	Dose Administered	Preceptor (AU) Print & Sign Name
1.	10/15/04	18.5 mCi	Print Name: SUBHASH PAKNIKAR Sign Name: Seakumar
2.	10/6/05	22.4 mCi	Print Name: SUBHASH PAKNIKAR Sign Name: Seakumar
3.	10/13/05	40.3 mCi	Print Name: SUBHASH PAKNIKAR Sign Name: Seakumar
4.			Print Name: Seakumar Sign Name:

NRC FORM 313A (AUT) U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.300) [10 CFR 35.390, 35.392, 35.394, and 35.396]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2008

Name of Proposed Authorized User	State or Territory Where Licensed
Jason E. Himmel	Kansas and Missouri

Requested Authorization(s) *(check all that apply)*:

- ☐ 35.300 Use of unsealed byproduct material for which a written directive is required

OR

- ☒ 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- ☐ 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)
- ☐ 35.300 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
- ☐ 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.a., 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)*:

☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.490 ☐ 35.690

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. Also provide completed Part II Preceptor Attestation.

NRC FORM 313A (AUT) (10-2007) U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

☐ 3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training ☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.396

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			
Radiation biology			
	Total Hours of Training:		

b. Supervised Work Experience ☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.396

If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

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		☐ Yes ☐ No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		☐ Yes ☐ No	
Calculating, measuring, and safely preparing patient or human research subject dosages		☐ Yes ☐ No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		☐ Yes ☐ No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		☐ Yes ☐ No	

NRC FORM 313A (AUT) (10-2007) U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

b. Supervised Work Experience (continued)

Supervising Individual: SUBHASH PARNIKAR MD

License/Permit Number listing supervising individual as an authorized user: Creighton NUC: 01

Supervising individual meets the requirements below, or equivalent Agreement State requirements *(check all that apply)***:

- [X] 35.390 — With experience administering dosages of:
- [X] 35.392 — [X] Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- [X] 35.394 — [X] Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- [X] 35.396 — [X] Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- [X] Parenteral administration of any other radionuclide requiring a written directive

* Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

c. Supervised Clinical Case Experience

If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.

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 gigabecquerels (33 millicuries)			
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)			
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 administration of any other radionuclide for which a written directive is required (List radionuclides)			

PAGE 3

NRC FORM 313A (AUT) (10-2007) U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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

c. Supervised Clinical Case Experience (continued)

Supervising Individual: SUBHASH PAKNIKAR MD

License/Permit Number listing supervising individual as an authorized user: Creighton NUC: 01

Supervising individual meets the requirements below, or equivalent Agreement State requirements *(check all that apply)***:

- ☒ 35.390
- ☒ 35.392
- ☒ 35.394
- ☒ 35.396

With experience administering dosages of:

- ☒ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- ☒ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- ☒ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- ☒ Parenteral administration of any other radionuclide requiring a written directive

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

d. Provide completed Part II Preceptor Attestation.

PART II – PRECEPTOR ATTESTATION

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.

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."

First Section
Check one of the following for each requested authorization:

For 35.390:

Board Certification

☒ I attest that JASON HIMMEL (Name of Proposed Authorized User) has satisfactorily completed the training and experience requirements in 35.390(a)(1).

OR

Training and Experience

☐ I attest that _____ (Name of Proposed Authorized User) has satisfactorily completed the 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).

NRC FORM 313A (AUT) U.S. NUCLEAR REGULATORY COMMISSION
(10-2007)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)

For 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway):

☒ I attest that Jason Himmel (Name of Proposed Authorized User) has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case experience required in 35.392(c)(2).

For 35.394 (Identical Attestation Statement Regardless of Training and Experience Pathway):

☐ I attest that _____ (Name of Proposed Authorized User) has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case experience required in 35.394(c)(2).

Second Section

☒ I attest that Jason E. Himmel (Name of Proposed Authorized User) has satisfactorily completed the required clinical case experience required in 35.390(b)(1)(ii)G listed below:

☒ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

☐ Parenteral administration of any other radionuclide requiring a written directive

---

Third Section

☒ I attest that Jason E. Himmel (Name of Proposed Authorized User) has satisfactorily achieved a level of competency to function independently as an authorized user for:

☒ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☐ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

☐ Parenteral administration of any other radionuclide requiring a written directive

NRC FORM 313A (AUT) U.S. NUCLEAR REGULATORY COMMISSION
(10-2007)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Fourth Section

For 35.396:

Current 35.490 or 35.690 authorized user:

☐ I attest that _____ is an authorized user under 10 CFR 35.490 or 35.690
Name of Proposed Authorized User

or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.396 (d)(1), and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

☐ 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 administration of any other radionuclide for which a written directive is required

OR

Board Certification:

☐ I attest that _____ has satisfactorily completed the board certification
Name of Proposed Authorized User

requirements of 35.396(c), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (d)(1) and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

☐ 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 administration of any other radionuclide for which a written directive is required

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Fifth Section

Complete the following for preceptor attestation and signature:

☒ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

☒ 35.390 ☒ 35.392 ☒ 35.394 ☒ 35.396

☒ I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization.

☒ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☒ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☒ Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required

☒ Parenteral administration of any other radionuclide requiring a written directive

Name of Preceptor	Signature	Telephone Number	Date
SUBHASH PARNIKAR	Subhash MD	402 449 5877	11/07/08

License/Permit Number/Facility Name

NRC FORM 313A (AUD) (10-2007) U.S. NUCLEAR REGULATORY COMMISSION

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		☐ Yes ☐ No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		☐ Yes ☐ No	

[x]

NRC FORM 313A (AUD) (10-2007) U.S. NUCLEAR REGULATORY COMMISSION

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		☐ Yes ☐ No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		☐ Yes ☐ No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		☐ Yes ☐ No	
Administering dosages of radioactive drugs to patients or human research subjects		☐ Yes ☐ 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		☐ Yes ☐ No	

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
SUBHASH PAKNIKAR MD	Creighton. NUC:01

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.

NRC FORM 313A (AUD) U.S. NUCLEAR REGULATORY COMMISSION
(10-2007)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

PART II – PRECEPTOR ATTESTATION

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 35.590)

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."

First Section
Check one of the following for each use requested:

For 35.190

Board Certification

☒ I attest that Jason E. Himmel (Name of Proposed Authorized User) has satisfactorily completed the requirements in 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.

OR

Training and Experience

☐ I attest that _____ (Name of Proposed Authorized User) has satisfactorily completed the 60 hours of training and 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.

For 35.290

Board Certification

☒ I attest that Jason E. Himmel (Name of Proposed Authorized User) has satisfactorily completed the requirements in 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.

OR

Training and Experience

☐ I attest that _____ (Name of Proposed Authorized User) has satisfactorily completed the 700 hours of training 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.

Second Section
Complete the following for preceptor attestation and signature:

☐ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

☐ 35.190 ☐ 35.290 ☐ 35.390 ☐ 35.390 + generator experience

Name of Preceptor	Signature	Telephone Number	Date

License/Permit Number/Facility Name

Form RSC (8-94)

CREIGHTON UNIVERSITY/CREIGHTON UNIVERSITY MEDICAL CENTER RADIOACTIVE MATERIAL PERMIT

Page 1 of 2 pages
Amendment 13 - Renewal
Amended in its entirety

Pursuant to the Radiation Act of 1963, and the Radiological Health Regulations, Part Three, and in reliance on statements and representations heretofore made by the permit holder designated below, a permit is hereby issued authorizing such permit holder to transfer, receive, possess and use the radioactive material(s) designated below; and to use such radioactive materials for the purpose(s) and at the place(s) designated below. This permit is subject to all applicable rules, regulations, and orders now or hereafter in effect of the Nebraska Department of Health and Human Services and Creighton University/Creighton University Medical Center and to any conditions specified below.

Permit Holder		3. Creighton License Number: **01-82-01**
1. Name	Creighton University Medical Center Department of Nuclear Medicine	4. User Permit Number: **NUC-01**
2. Address	601 North 30th Street Omaha, NE 68131	
Phone:	(402) 449-5877	5. Expiration Date: **May 31, 2009**

6. Radioactive Materials (element and mass number)	7. Chemicals and/or physical form	8. Maximum quantity permit holder may possess at any one time
A. Any radioactive material identified in 180 NAC 7-034.	A. Any radioactive material identified in 180 NAC 7-034.	A. As needed
B. Any radioactive material identified in 180 NAC 7-036.	B. Any radioactive material identified in 180 NAC 7-036.	B. As needed
C. Any radioactive material identified in 180 NAC 7-040.	C. Any radioactive material identified in 180 NAC 7-040.	C. 3 Curies
D.-E. Reserved	D.-E. Reserved	D.-E. Reserved
F. Any radioactive material identified in 180 NAC 3-008.9.	F. Any radioactive material identified in 180 NAC 3-008.9.	F. As needed

CONDITIONS

9. Authorized Use. (Unless otherwise specified, the authorized place of use is the permit holder's address stated in Item 2 above).
   - A. Any uptake, dilution, excretion study authorized by 180 NAC 7-034.
   - B. Any imaging and localization study authorized by 180 NAC 7-036.
   - C. Any therapeutic use described in 180 NAC 7-040.
   - D.-E. Reserved.
   - F. In vitro clinical and laboratory testing as described in 180 NAC 3-008.9.

10. Radioactive material shall be used in the Nuclear Medicine Department, Rooms 3A-8, 3A-9, 3A-10, 3A-11, and 3A-16.

11. The permit holder shall comply with the provisions of 180 NAC (Nebraska Regulations for Control of Radiation), and Creighton University/Creighton University Medical Center Radiation Safety Manual.

Form RSC (8-94)

CREIGHTON UNIVERSITY/CREIGHTON UNIVERSITY MEDICAL CENTER
RADIOACTIVE MATERIAL PERMIT

supplemental sheet

12. A. Radioactive material listed in Item 6 is authorized for use by Subhash Paknikar, M.D and Dr. Mark Maydew.

B. Radioactive material listed in Item 6; except 6C, is authorized for use by Dr. Andy Gelbman, Dr. Jim Phalen, Dr. Mary Davey, and Dr. Tom Dworak.

C. Radiation workers who hold current Creighton permits may use licensed radioactive material under the supervision of the above authorized users in Part A and B.

13. Radiation surveys will be performed daily and wipe testing will be performed weekly.

A. DAILY SURVEYS:
Surveys will consist of GM measurements at locations indicated on the department diagram. Exposure limits of less than 1.0 mR/hr at 1 meter from radioactive material storage areas, and 0.2 mR/hr for all other areas will be maintained. The cause of high exposure readings will be corrected and indicated on survey sheets.

B. WIPE TESTING:
Wipe tests will be conducted in areas where radionuclides are handled in unsealed form, as indicated on the department diagram. The wipe test will be made on a swab over an area of 100 square centimeter area and counted in the NaI uptake probe. Removable contamination of less than 2200 DPM will be maintained. Locations with levels above this amount will be decontaminated and resurveyed until acceptable levels are achieved.

14. Except as specifically provided otherwise by this permit, the permit holder shall possess and use radioactive material described in Items 6, 7, and 8 of this permit and shall conduct its program in accordance with the statements, representations, and procedures contained in the documents listed below. 180 NAC shall govern unless the statements, representation, and procedures in the permit holder's application and correspondence are more restrictive than the regulations.

A. Broad Scope License 01-82-01 dated March 3, 2006 and signed by Julia A. Schmitt, including subsequent amendments.

B. Permit Renewal Application dated May 4, 2007 and signed by Dr. Subhash Paknikar.

FOR CREIGHTON UNIVERSITY/CREIGHTON UNIVERSITY MEDICAL CENTER:

Date: 1/17/2008

by _____

Debra R. Fiala, MD, JD, Co-Chairperson,
Radiation Safety Committee