



REPLY TO  
ATTENTION OF

**DEPARTMENT OF THE ARMY  
HEADQUARTERS, USA MEDICAL DEPARTMENT ACTIVITY  
126 MISSOURI AVENUE  
FORT LEONARD WOOD, MISSOURI 65473-8952**

**MCXP-PM-RP**

**15 April 2009**

**TO: Nuclear Regulatory Commission (NRC), Region III**

**Reference: Materials License Number 24-15095-01**

**Attn: Materials Licensing Branch, (630) 515-1078**

**C/o: Toye Simmons**

**From: CPT Kevin S. Mattern  
126 Missouri Avenue  
ATTN: MCXP-PM-RP  
Room 70, Box 1232  
Fort Leonard Wood, MO 65473  
(573) 329-1907 (office)  
(573) 201-4338 (mobile)  
(573) 329-8521 (fax)  
kevin.mattern@amedd.army.mil**



REPLY TO  
ATTENTION OF

**DEPARTMENT OF THE ARMY  
HEADQUARTERS, USA MEDICAL DEPARTMENT ACTIVITY  
126 MISSOURI AVENUE  
FORT LEONARD WOOD, MISSOURI 65473-8952**

MCXP-PM-RP

14 April 2009

MEMORANDUM FOR U.S. Nuclear Regulatory Commission, Region III, 801 Warrenville Road, Lisle, Illinois 60532-4351

SUBJECT: Request for Amendment for Nuclear Regulatory Commission License Number 24-15095-01

1. Request amendment of subject license as follows: Add Dr. Eduardo Escobar as an authorized user under 10 CFR 35, sections 35.100, 35.200, and 35.300. Dr. Eduardo Escobar's form NRC 313A AUD and AUT are enclosed. A copy of his credentials, from the American Board of Radiology and other credentials for authorizations of 10 CFR 35.100, 10 CFR 35.200, 10 CFR 35.300 are included.
2. Request this amendment be expedited as our only other Authorized Users, namely Drs Hrastich and Kosut will be departing our facility on or before 1 JUL 09. We understand that if we are not successful in adding Dr. Escobar to our license prior to the departure of our other Authorized Users, that we will not be able to continue nuclear medicine procedures. If for some reason this were to occur, we would cease nuclear medicine operations but continue to have our RSO maintain the license until such point in the future that we can properly add an AU to our license.
3. The point of contact for additional information is the undersigned at (573) 329-1907.

A handwritten signature in black ink, appearing to read "K. Mattern", written over a horizontal line.

KEVIN MATTERN  
CPT, MS  
CHIEF, RADIATION PROTECTION

NRC FORM 513A (AUD)  
(10-2007)

U.S. NUCLEAR REGULATORY COMMISSION

**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: 10/31/2009

Name of Proposed Authorized User

State or Territory Where Licensed

Eduardo Escobar

Missouri

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			

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)

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			
<b>Total Hours of Training:</b>			

**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	

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		<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		<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.**

NRC FORM 313A (AUD)  
(10-2007)

U.S. NUCLEAR REGULATORY COMMISSION

**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 Eduardo Escobar, MD has satisfactorily completed the requirements in

Name of Proposed Authorized User

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 \_\_\_\_\_ has satisfactorily completed the 60 hours of training and

Name of Proposed Authorized User

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 Eduardo Escobar, MD has satisfactorily completed the requirements in

Name of Proposed Authorized User

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 \_\_\_\_\_ has satisfactorily completed the 700 hours of training

Name of Proposed Authorized User

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

Jennifer S. Jurgens, MD

Signature

Telephone Number

(202) 782-0169

Date

10/02/2008

License/Permit Number/Facility Name

License #08-01738-02 / Walter Reed Army Medical Center

NRC FORM 313A (AUT) (10-2007)		U.S. NUCLEAR REGULATORY COMMISSION	
<b>AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION</b> (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 <b>Eduardo Escobar</b>		State or Territory Where Licensed <b>Missouri</b>	
Requested Authorization(s) (check all that apply):			
<input type="checkbox"/> 35.300 Use of unsealed byproduct material for which a written directive is required			
<b>OR</b>			
<input type="checkbox"/> 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)			
<input checked="" type="checkbox"/> 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)			
<input type="checkbox"/> 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			
<input type="checkbox"/> 35.300 Parenteral administration of any other radionuclide for which a written directive is required			
<b>PART I -- TRAINING AND EXPERIENCE</b> (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.			
<input checked="" type="checkbox"/> <b>1. Board Certification</b>			
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.			
<input type="checkbox"/> <b>2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization</b>			
a. Authorized User on Materials License _____ under the requirements below or equivalent Agreement State requirements (check all that apply):			
<input type="checkbox"/> 35.390 <input type="checkbox"/> 35.392 <input type="checkbox"/> 35.394 <input type="checkbox"/> 35.480 <input type="checkbox"/> 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 35.480 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  35.398

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  35.398

*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		<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	
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	

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 \_\_\_\_\_ License/Permit Number listing supervising individual as an authorized user \_\_\_\_\_

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

35.390 With experience administering dosages of:

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

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

35.398  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.

**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)			

NRC FORM 312A (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	License/Permit Number listing supervising individual as an authorized user
Supervising individual meets the requirements below, or equivalent Agreement State requirements (check all that apply)**:	
<input type="checkbox"/> 35.390	With experience administering dosages of:
<input type="checkbox"/> 35.392	<input type="checkbox"/> Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
<input type="checkbox"/> 35.394	<input type="checkbox"/> Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
<input type="checkbox"/> 35.398	<input type="checkbox"/> Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive
	<input type="checkbox"/> 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 Eduardo Escobar has satisfactorily completed the training and experience requirements in 35.390(a)(1).  
Name of Proposed Authorized User

**OR**

**Training and Experience**

I attest that \_\_\_\_\_ 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).  
Name of Proposed Authorized User

NRC FORM 313A (AUT)  
(10-2007)

U.S. NUCLEAR REGULATORY COMMISSION

## 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 \_\_\_\_\_ has satisfactorily completed the 80 hours of classroom  
Name of Proposed Authorized User  
 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 \_\_\_\_\_ has satisfactorily completed the 80 hours of classroom  
Name of Proposed Authorized User  
 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 Eduardo Escobar has satisfactorily completed the required clinical case  
Name of Proposed Authorized User  
 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 Eduardo Escobar has satisfactorily achieved a level of competency to  
Name of Proposed Authorized User  
 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

**AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**Fourth Section**

**For 35.398:**

**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 35.398 (d)(1), and the supervised work and clinical case experience required by 35.398(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 35.398(c), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.398 (d)(1) and the supervised work and clinical case experience required by 35.398(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

**Fifth Section**

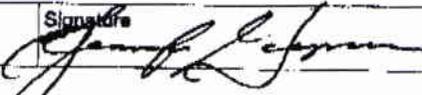
Complete the following for preceptor attestation and signature:

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
Jennifer S. Jurgens, MD		(202) 782-0168	10/02/2008
License/Permit Number/Facility Name			
License #08-01738-02 / Walter Reed Army Medical Center			

# 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*  
Thereby certifies that

**Eduardo Escobar, 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 third day of June, 2008*

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

**Diagnostic Radiology**

AB Eligible



Certificate No. 56144

*H. Reed Jamnisch, MD*  
President

*Richard T. Moran*  
Secretary-Treasurer

*Hayden Roberts*  
Executive Director



Valid through 2018

**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. APPLICANT'S PHYSICIAN'S NAME AND ADDRESS (PRINT OR TYPE)

FULL NAME  
CPT Eduardo Escobar

STREET ADDRESS  
6900 Georgia Ave. N.W.

CITY ZIP CODE  
Washington D.C. 20307-5001

**KEY TO COLUMN C**

**PERSONAL PARTICIPATION SHOULD CONSIST OF:**

1. Supervised examination of patients to determine the suitability for radiotracer 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. Appropriate period of training in 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	26	
I-131	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	2	
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		
SC-76	PANCREAS IMAGING		
YB-168	CISTERNOGRAPHY		
XE-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	16	
AEROBOL	PULMONARY FUNCTION STUDIES		
Tc-99m	BRAIN IMAGING	2	100% SPECT
	CARDIAC IMAGING	530	
	THYROID IMAGING	27	
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING	219	Gated cardiac blood pool, 7% exercise
	PLACENTAL LOCALIZATION		
	LIVER AND SPLEEN IMAGING	15	10% SPECT
	LUNG IMAGING	17	
	BONE IMAGING	320	15% SPECT
OTHER Cr-51	RED CELL MASS / RBC SURVIVAL / SEQUESTRATION	2	

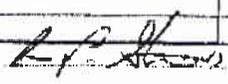
National Capital Consortium  
Quality Assurance Document  
10 USC 1102  
Improper Release Subject  
to Fines up to \$20,000

## ADDENDUM TO CLINIC TRAINING AND EXPERIENCE

(Page 6, NRC-313m)

NUCLIDE	CONDITION DIAGNOSED/TREATED	NO. OF PERSONAL PARTICIPATION CASES	COMMENTS
<sup>99m</sup> Tc	Cardiac Shunts		
	CEA		
	Cystogram (Retrograde)	1	
	Defecography		
	Esophageal Clearance		
	Deep Vein Thrombosis (Accutach)		
	Gastric Emptying	11	
	Gastric Reflux		
	GFR		
	G.I. Bleed	1	
	Hemangioma (RBC)	1	SPECT
	Hepatobiliary	19	
	Lymphoscintigraphy (HSA)	10	
	Meckels Imaging		
	Milk Aspiration		
	Myocardial Perfusion	342	22% Drug Stress, SPECT
	Parathyroid	9	
	Peritoneal Shunts		
	Renal (Cortical)	13	50% SPECT
	Renal (Flow/Function)	20	40% Drug Intervention
Scintimammography			
Testicular			
Tumor (Neotect, Mibi)			
WBC (HMPAO) Infection		10% SPECT	
<sup>67</sup> Ga	Infection/Tumor		65% SPECT
<sup>111</sup> In	WBC's Infection	10	10% SPECT
	CSF Flow		
	Oncoscint (Tumor)		
	Octreoscan (Endo Tumor)		
	Prostascint		
	Zevalin		
<sup>123</sup> I	Thyroid (Imaging)	1	
	Thyroid (Uptake)	1	
	MIBG Tumor		
	Thyroid (Imaging) N&C	4	
<sup>131</sup> I	Thyroid (Imaging) N&C	11	
	Thyroid (Uptake) Dosimetry		
	MIBG Tumor		
	NP59 Adrenal		
<sup>89</sup> Sr	Metastron		
<sup>201</sup> Tl	Myocardial (Stress/Rest)	274	30% Drug Stress, SPECT
	Whole Body		
	Brain		
<sup>153</sup> Sm	Quadramet		
<sup>67</sup> 00Cu	Schillings Test		
<sup>18</sup> F	Tumor Localization	150	

Preceptor Statement for: CPT Eduardo Escobar

150  
  
 Preceptor  
 Nuclear Medicine  
 Walter Reed Army Medical Center  
 Washington D.C.

Preceptor Statement for: CPT Eduardo Escobar

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	THYROID TREATMENT GREATER THAN 33 mCi (1.22 GBq)	5	
	THYROID TREATMENT LESS THAN OR EQUAL TO 33 mCi (1.22 GBq)	5	
Au-198	INTRACAVITARY TREATMENT		
Pm-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 Sr-90	TELE THERAPY TREATMENT		
	TREATMENT OF EYE DISEASE		
	RADIO PHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR		
In-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS		
OTHER			
C-14	Urea Breath Test	6	
Y-90	Non-Hodgkins Lymphoma Treatment		

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIONUCLIDE TRAINING.  
1 July 2004 through 30 June 2008

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

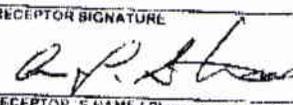
a. NAME OF SUPERVISOR (PRINT OR TYPE)  
**LTC Aaron L. Stack**

b. NAME OF INSTITUTION  
**Walter Reed Army Medical Center**

c. MAILING ADDRESS  
**6900 Georgia Ave. N.W.**

d. CITY                      e. STATE                      f. ZIP  
**Washington                      D.C.                      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 08**

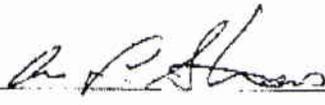
<sup>131</sup>Iodine Thyroid Therapy Greater Than 33 mCi (1.22 gigabecquerels)  
Nuclear Medicine Service  
Preceptor Statement for: CPT Eduardo Escobar

DTG	Dosage (mCi)	Preceptor
3-22-05	385	CAPT Frank Schraml
3-29-05	171	William Yudt, MD
2-15-07	149.2	Maya Sahajwalla, MD
2-16-07	175	Maya Sahajwalla, MD
8-6-07	181	LTC Jennifer Jurgens

<sup>131</sup>Iodine Thyroid Therapy Less Than or Equal to 33 mCi (1.22 gigabecquerels)  
Nuclear Medicine Service

DTG	Dosage (mCi)	Preceptor
11-4-04	16.5	MAJ Jennifer Jurgens
11-8-04	29	MAJ Jaime Montilla
2-22-07	30	Maya Sahajwalla, MD
8-9-07	32.2	MAJ Derek Stocker
2-8-08	15.65	Maya Sahajwalla, MD

30 Jun 2008  
Date

  
Preceptor

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