

October 27, 2010

U.S. Nuclear Regulatory Commission
Radioisotopes Licensing Division
Region III
2443 Warrenville Road, Suite 210
Lisle, Illinois 60532-4352

RE: NRC Radioactive Materials License #13-15151-01, LaPorte Hospital and Health Services in LaPorte, Indiana

Subject: Notification of Change of Leadership

Dear Sir or Madam:

1. We request that Dr. Krishna Pillai's authorized use be updated to include 10CFR 35.300. We have attached a preceptor statement documenting that this physician has participated in ten I-131 procedures under the supervision of the preceptor indicated.
2. We request the addition of Dr. Syed I. Ali and Dr. Irfan Ahmad for 10CFR 100, 200 and 300. Their ABR with the AU eligible stamp is provided along with documentation of his participation in 10 I-130 procedures under the supervision of the preceptor indicated.
3. We request the removal of the authority to perform 10CFR 35.500 procedures. We only performed permanent I-125 and PD-103 implants. No procedures have been performed this calendar year. All excess sources were returned to the manufacturer in December 2009. We completed a close out survey of the Brachytherapy Source storage area, Room 1644. The survey is attached to this document. The survey demonstrates that the area is at background levels for fixed and removable radiation. We request that this area be released for unrestricted use.

If you have any questions regarding this notification, please contact me at (800) 383-0468.

Sincerely,



James C. Hatten
Radiation Safety Officer

jch

Attachments

RECEIVED OCT 29 2010

Form B

I-131 Therapy Experience

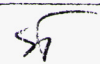

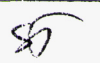


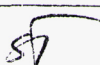

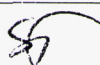


Krishna R Pillai, MD

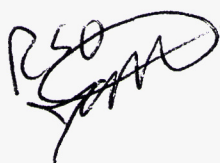
LaPorte Regional Health System 12-15151-01

Physician's Name

Location and License Number

Procedure Information (need a minimum of three cases-prefer dose greater than 33mCi I-131)

	Date	Isotope and Dose Administered	Preceptor AU Print Name & Signature
1	3-3-09	10.6 mCi 131I	S. Thordarson , MD 
2	5-22-09	10.3 mCi 131I	H. Muller, MD 
3	6-15-09	10.8 mCi 131I	S. Thordarson , MD 
4	7-28-09	100.4 mCi 131I	H. Muller, MD 
5	9-2-09	18.9 mCi 131I	S. Thordarson , MD 
6	11-2-09	105.2 mCi 131I	S. Thordarson , MD 
7	3-8-10	106 mCi 131I	H. Muller, MD 
8	6-7-10	104.5 mCi 131I	S. Thordarson , MD 
9	6-14-10	107.4 mCi 131I	H. Muller, MD 
10	7-8-10	80.0 mCi 131I	S. Thordarson , MD 



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

Syed Ibrahim Ali, MD

Ibrahim

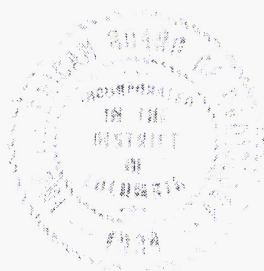
*Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of
The American Board of Radiology*

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. 57583

H. Reed Jennrich, MD
President

Richard T. Morin
Secretary-Treasurer

Hayden S. Edwards
Executive Director

Valid through 2018

Form B

I-131 Therapy Experience











Syed I Ali, MD

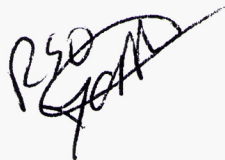
LaPorte Regional Health System 12-15151-01

Physician's Name

Location and License Number

Procedure Information (need a minimum of three cases-prefer dose greater than 33mCi I-131)

	Date	Isotope and Dose Administered	Preceptor AU Print Name & Signature
1	11-2-09	105.2 mCi 131I	S. Thordarson , MD 
2	11-11-09	4.2 mCi 131I	S. Thordarson , MD 
3	12-8-09	10.2 mCi 131I	S. Thordarson , MD 
4	12-14-09	10.7 mCi 131I	H. Muller, MD 
5	3-18-10	106 mCi 131I	H. Muller, MD 
6	6-7-10	104.5 mCi 131I	S. Thordarson , MD 
7	6-14-10	107.4 mCi 131I	H. Muller, MD 
8	6-14-10	21.1 mCi 131I	H. Muller, MD 
9	7-8-10	80.0 mCi 131I	S. Thordarson , MD 
10	7-23-20	10.9 mCi 131I	H. Muller, MD 



The American Board of Radiology

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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 Radiation Oncology, the Association of
University Radiologists, and the American Association of Physicists in Medicine*

Hereby certifies that

Irfan Ahmad, 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*

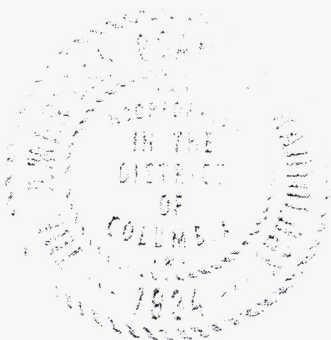
The American Board of Radiology

On this third day of June, 2009

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

Diagnostic Radiology

AM Eligible

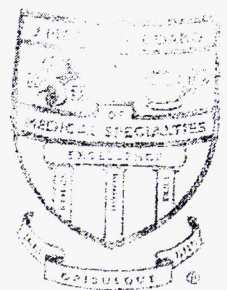


Certificate No. 57729

W. Reed Jennrich, MD
President

Richard T. Morin
Secretary-Treasurer

Hayden B. Smith
Executive Director



Valid through 2019

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>

IRFAN AHMAD
Resident Name

Ohio State University
Program

0141
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.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
This applicant has taken part in ≥ 3 cases of oral administration of I-131 therapy ($\leq 33\text{mCi}$).....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The resident's logbook of these therapy experiences (date, dose, and preceptor) is attached.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Mark King, MD
Residency Program Director
(Print Name)

[Signature]
Program Director
(Signature)

3/5/09
Date

Form B

I-131 Therapy Experience

IRFAN AHMAD

Resident Name

Ohio State University - Medical Center

Program & Number

	<u>Date</u>	<u>Dose Administered</u>	<u>Preceptor (AU) Print & Sign Name</u>
1.	<u>2/4/09</u>	<u>6mCi</u>	<u>Steven Ing, MD</u> Print Name <u>Steven Ing</u> Sign Name
2.	<u>2/4/09</u>	<u>17mCi</u>	<u>Steven Ing, MD</u> Print Name <u>Steven Ing</u> Sign Name
3.	<u>2/6/09</u>	<u>20mCi</u>	<u>Nathan Hall, MD, PhD</u> Print Name <u>Nathan Hall</u> Sign Name
4.	<u> </u>	<u> </u>	<u> </u> Print Name <u> </u> Sign Name

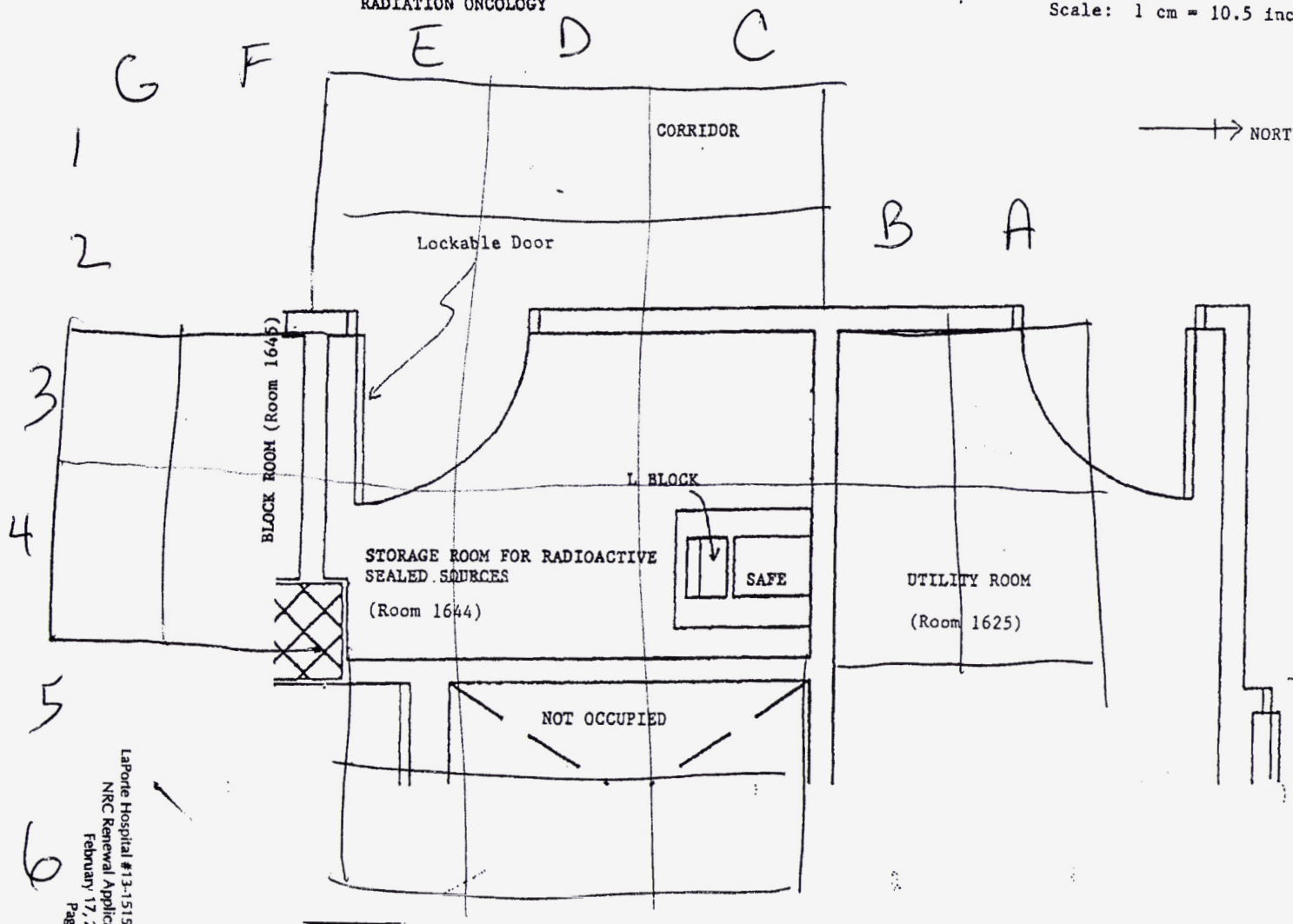
PSO
70A

EXHIBIT 1

LA PORTE HOSPITAL
RADIATION ONCOLOGY

Scale: 1 cm = 10.5 inches

→ NORTH



Item 9
Facilities Diagram cont'd

Close out 13 OCT 10
Survey

13-15151-01

LaPorte Hospital
Closeout Survey

10/26/2010

Survey Meter	Manufacturer Ludlum	Model 14C	Serial Number 161006	BKG 0.03
Calibration Date 9-Jun-10				
Well Counter	Manufacturer Perkin Elmer	Model Cobra II	Serial Number 406282	EFF 0.85 BKG 68
Survey Date: 13-Oct-10		Count Time 5 min	Lower Limit of Detection 23.5 dpm 0.011 nCi	

Surveyor: Jim Hatten**Final Data**

#	mR/hr-bkg	dpm
1	<=bkg	13
2	<=bkg	13
3	<=bkg	<bkg
4	<=bkg	<bkg
5	<=bkg	16
6	<=bkg	16

See Map

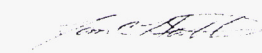
A1-G1
A2-G2
A3-G3
A4-G4
A5-G5
A6-G6

Raw Data		
#	uR/hr	cpm
1	0.03	79
2	0.03	79
3	0.03	67
4	0.03	66
6	0.03	82

See Map

A1-G1
A2-G2
A3-G3
A4-G4
A5-G5
A6-G6

Trigger Limits: 0.05 mR/hr 200 dpm

RSO Review: Room: 1644Use: Brachytherapy Storage

Electronic Rate Approved #010521297