



INFORMATION REQUIRED FOR ITEMS 7 THROUGH 23

For Items 7 through 23, check the appropriate box(es) and submit a detailed description of all the requested information. Begin each item on a separate sheet. Identify the item number and the date of the application in the lower right corner of each page. If you indicate that an appendix to the medical licensing guide will be followed, do not submit the pages, but specify the revision number and date of the referenced guide: Regulatory Guide 10.8 , Rev. \_\_\_\_\_ Date: \_\_\_\_\_

References below refer to sections in the attached Radiation Control Program

7. MEDICAL ISOTOPES COMMITTEE		15. GENERAL RULES FOR THE SAFE USE OF RADIOACTIVE MATERIAL (Check One)	
<input checked="" type="checkbox"/>	Names and Specialties Attached; and Appendix A.	<input checked="" type="checkbox"/>	Appendix G Rules Followed; or
	Duties as in Appendix B; or (Check One)	<input checked="" type="checkbox"/>	Equivalent Rules Attached
<input checked="" type="checkbox"/>	Equivalent Duties Attached Section 2	16. EMERGENCY PROCEDURES (Check One)	
8. TRAINING AND EXPERIENCE		<input checked="" type="checkbox"/>	Appendix H Procedures Followed; or 18.0
	Supplements A & B Attached for Each Individual User; and		Equivalent Procedures Attached
<input checked="" type="checkbox"/>	Supplement A Attached for RSO.	17. AREA SURVEY PROCEDURES (Check One)	
9. INSTRUMENTATION (Check One)		<input checked="" type="checkbox"/>	Appendix I Procedures Followed; or 14.0
	Appendix C Form Attached; or		Equivalent Procedures Attached
<input checked="" type="checkbox"/>	List by Name and Model Number	18. WASTE DISPOSAL (Check One)	
10. CALIBRATION OF INSTRUMENTS		<input checked="" type="checkbox"/>	Appendix J Form Attached; or 15.0
<input checked="" type="checkbox"/>	Appendix D Procedures Followed for Survey Instruments; or (Check One)		Equivalent Information Attached
	Equivalent Procedures Attached; and	19. THERAPEUTIC USE OF RADIOPHARMACEUTICALS (Check One)	
<input checked="" type="checkbox"/>	Appendix D Procedures Followed for Dose Calibrator; or (Check One)	<input checked="" type="checkbox"/>	Appendix K Procedures Followed; or 12.0, 14.0, 16.0
	Equivalent Procedures Attached		Equivalent Procedures Attached
11. FACILITIES AND EQUIPMENT		20. THERAPEUTIC USE OF SEALED SOURCES	
<input checked="" type="checkbox"/>	Description and Diagram Attached	<input checked="" type="checkbox"/>	Detailed Information Attached; and 14.0
12. PERSONNEL TRAINING PROGRAM		<input checked="" type="checkbox"/>	Appendix L Procedures Followed; or (Check One)
<input checked="" type="checkbox"/>	Description of Training Attached 5.0, 3.1.6, 3.3.8		Equivalent Procedures Attached
13. PROCEDURES FOR ORDERING AND RECEIVING RADIOACTIVE MATERIAL		21. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE GASES (e.g., Xenon - 133)	
<input checked="" type="checkbox"/>	Detailed Information Attached 9.0, 10.1-10.3	<input checked="" type="checkbox"/>	Detailed Information Attached
14. PROCEDURES FOR SAFELY OPENING PACKAGES CONTAINING RADIOACTIVE MATERIALS (Check One)		22. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL IN ANIMALS	
	Appendix F Procedures Followed; or	<input checked="" type="checkbox"/>	Detailed Information Attached 21.0
<input checked="" type="checkbox"/>	Equivalent Procedure Attached	23. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL SPECIFIED IN ITEM 6.b	
		<input checked="" type="checkbox"/>	Detailed Information Attached Radiation Safety Program

24. PERSONNEL MONITORING DEVICES				
TYPE <i>(Check appropriate box)</i>		SUPPLIER	EXCHANGE FREQUENCY	
a. WHOLE BODY	<input checked="" type="checkbox"/>	FILM	Siemens	Monthly
	<input type="checkbox"/>	TLD		
	<input type="checkbox"/>	OTHER <i>(Specify)</i>		
b. FINGER	<input type="checkbox"/>	FILM	Siemens	
	<input checked="" type="checkbox"/>	TLD		Monthly
	<input type="checkbox"/>	OTHER <i>(Specify)</i>		
c. WRIST	<input type="checkbox"/>	FILM		Monthly
	<input type="checkbox"/>	TLD		
	<input type="checkbox"/>	OTHER <i>(Specify)</i>		

d. OTHER *(Specify)*

Pocket Ion Chambers and Charger - Dosimeter Corporation of America

2 - Model No. 862 Chambers 0-200 mr

1 - Model No. 909 Dosimeter Charger

Calibrated Annually

Assigned and read as necessary for special monitoring situations

25. FOR PRIVATE PRACTICE APPLICANTS ONLY

a. HOSPITAL AGREEING TO ACCEPT PATIENTS CONTAINING RADIOACTIVE MATERIAL

NAME OF HOSPITAL

MAILING ADDRESS

CITY

STATE

ZIP CODE

b. ATTACH A COPY OF THE AGREEMENT LETTER SIGNED BY THE HOSPITAL ADMINISTRATOR.

c. WHEN REQUESTING THERAPY PROCEDURES, ATTACH A COPY OF RADIATION SAFETY PRECAUTIONS TO BE TAKEN AND LIST AVAILABLE RADIATION DETECTION INSTRUMENTS.

26. CERTIFICATE

*(This item must be completed by applicant)*

The applicant and any official executing this certificate on behalf of the applicant named in Item 1a certify that this application is prepared in conformity with Title 10, Code of Federal Regulations, Parts 30 and 35, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

a. LICENSE FEE REQUIRED  
*(See Section 170.31, 10 CFR 170)*

b. APPLICANT OR CERTIFYING OFFICIAL *(Signature)*

*(In NAME (Type or Print))*

George E. Thoma, M.D.

(1) LICENSE FEE CATEGORY:  
A Broad Scope Institutional License

(2) TITLE: Vice President, St. Louis University Medical Center

(2) LICENSE FEE ENCLOSED: \$ 150.00

c. DATE  
1/28/81