

ST. MARY'S MEDICAL CENTER  
3801 Spring Street  
Racine, WI 53405

September 21, 1987

U.S. Nuclear Regulatory Commission  
Materials Licensing Section  
Region III  
799 Roosevelt Road  
Glen Ellyn, IL 60137

Re: Amendment to license #48-01165-01

Gentlemen:

We request amendment to our byproduct materials license #48-01165-01 to make the following changes:

1. Please add Julie Krecak, M.D. as a physician user on our license for all materials authorized by the attached training records.
2. Please delete Dai K. Kim, M.D. as a physician user on our license.

Attached is our hospital check for \$120.00 to cover the amendment processing fee. Thank you and we look forward to receiving this amendment.

Sincerely,

A.M. Strimling, M.D.

Radiation Safety Officer

Log	Oct 3/87
Remitter	
Check No.	08 3169
Amount	\$120
Fee Category	med
Type of Fee	
Date Check Rec'd.	
Date Completed	10/1/87
By:	

RECEIVED  
87 SEP 28 PM 3:55  
U.S. NUCLEAR REGULATORY COMMISSION  
FEE HIGH

RECEIVED  
SEP 24 1987  
REGION III

CONTROL NO. 84205

B903070229 B80310  
REG3 LIC30  
48-01165-01

This is the # for  
St. Luke's Hospital

St. Luke's Hospital  
Department of Nuclear Medicine  
RADIOLOGY RESIDENT TRAINING PROGRAM  
Milwaukee, Wisconsin

The following resident, Julia KRECAK, MD, has completed all of the requirements set by the NRC for their radiology training in Nuclear Medicine.

Don R. Spieserhoff  
Don R. Spieserhoff, M.D.  
Director of Nuclear Medicine

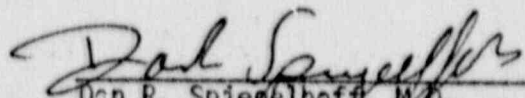
5/29/87  
Date

CONTROL NO 84205

# ST. LUKE'S HOSPITAL

Julie Krecak, M.D., resident in Diagnostic Radiology, has read and participated in the performance of the following scans during her rotations in Nuclear Medicine:

	<u>1987</u> <u>(2 months)</u>	<u>1986</u> <u>(2 months)</u>	<u>1985</u> <u>(1 month)</u>	<u>1984</u> <u>(1 month)</u>
Liver/Spleen	68	86	39	39
Brain	12	10	5	5
Bone	196	172	85	85
Thallium	296	238	130	130
Serial myocardial	21	18	7	7
Routine/Exercise MUGA	82	170	75	75
Lung	76	68	30	30
Renogram	20	18	10	10
Thyroid	58	64	30	30
Indium WBC	40	36	15	15
Cisternogram	3	2	1	1
Biliary	12	10	5	5
Salivary gland	8	12	3	3
Gallium	32	51	20	20
Gastric motility studies	0	3	1	1
Venogram	18	15	6	6
Parathyroid	4	8	2	2
Therapy	6	8	3	3

  
Don R. Spiegelhoff, M.D.  
Director of Nuclear Medicine

5/29/87

DRS/gw

St. Luke's Hospital  
Department of Nuclear Medicine  
RADIOLOGY RESIDENT TRAINING PROGRAM  
Milwaukee, Wisconsin

Requirement Sign-Offs  
\*\*\*\*\*

Misadministration of Doses

The resident has been instructed and understands administrative control to prevent the misadministration of radiopharmaceutical material. The resident also has been instructed and understands what action to take if there is misadministration of radiopharmaceutical material.

Don R. Spiegelhoff, M.D.

JULIE KRECAK, MD  
Radiology Resident

5/29/87  
Date

Radioactive Spill Containment

The resident has been instructed and understands the emergency procedures to contain spilled radioactive material safely and proper use of decontamination procedures.

Douglas Sampkin, R.S.O.

JULIE KRECAK MD  
Radiology Resident

5/29/87  
Date

Generator Eluting

The resident has been instructed and understands procedures for eluting from a technetium-99m generator system, assaying and testing the eluate for molybdenum-99 and alumina contamination, and processing the eluate with reagent kits to prepare technetium-99m labeled radiopharmaceutical for patient administration.

Tim Strain, Radiopharmacist

JULIE KRECAK, MD  
Radiology Resident

5/29/87  
Date

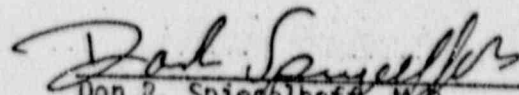




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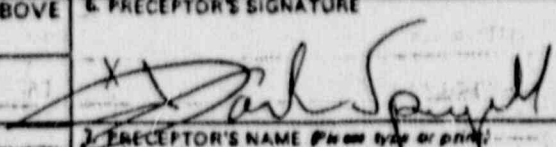
5/29/87

EXHIBIT 2  
SUPPLEMENT A

SUPPLEMENT		U.S. NUCLEAR REGULATORY COMMISSION		
TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER				
1. NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER Julie Krecak, M.D.		2. FOR PHYSICIANS, STATE OR TERRITORY WHERE LICENSED Wisconsin		
3. CERTIFICATION				
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C		
American Board of Radiology	Radiology			
4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES				
FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING		
		CLOCK HOURS IN LECTURE OR LABORATORY	CLOCK HOURS OF SUPERVISED ON-THE-JOB EXPERIENCE	
a. RADIATION PHYSICS AND INSTRUMENTATION	St. Luke's Hospital 2900 West Oklahoma Avenue Milwaukee, WI 53215	Over 200 hours		
b. RADIATION PROTECTION	"			
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	"			
d. RADIATION BIOLOGY	"			
e. RADIOPHARMACEUTICAL CHEMISTRY	"			
5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	mCi USED AT ONE TIME	LOCATION	CLOCK HOURS	TYPE OF USE
Tc-99m	25 mCi	St. Luke's Hospital 2900 West Oklahoma Ave. Milwaukee, WI. 53215	Over 80 hours	diagnostic
I-131	100 µCi			
I-123	400 µCi			
Xe-133	30 mCi			
Ga-67	6 mCi			
Tl-201	4 mCi			
I-131	30 mCi			therapy



EXHIBIT 3 (Continued)

PROPOSED PHYSICIAN USER			
PRECEPTOR STATEMENT (Continued)			
2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)			
ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS <i>(Additional information or comments may be submitted in duplicate on separate sheets.)</i> D
P-32 <i>(Savitr)</i>	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
P-32 <i>(Colloid)</i>	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM	20	
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Ca-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
	TELETHERAPY TREATMENT		
Co-60 or Ca-137	TELETHERAPY TREATMENT		
	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	5	
Sr-90/ Y-90	GENERATOR		
Tc-99m	REAGENT KITS	5	
Other			
3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING			
LOCATION	DATES	CLOCK HOURS OF EXPERIENCE	
St. Luke's Hospital 2900 West Oklahoma Avenue Milwaukee, Wisconsin 53215	1984: 1 month 1985: 1 month 1986: 2 months 1987: 2 months	approximately 1000 hours	
4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:		5. PRECEPTOR'S SIGNATURE	
a. NAME OF SUPERVISOR Don R. Spiegelhoff, M.D.	b. NAME OF INSTITUTION St. Luke's Hospital	 PRECEPTOR'S NAME (Please type or print) Don R. Spiegelhoff, M.D.	
c. MAILING ADDRESS 2900 West Oklahoma Avenue	d. CITY Milwaukee, Wisconsin 53215		
e. MATERIALS LICENSE NUMBER(S) X 48-01338-01		f. DATE X 2/22/88	



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