

### APPLICATION FOR MATERIAL LICENSE

**INSTRUCTIONS:** SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

FEDERAL AGENCIES FILE APPLICATIONS WITH: U.S. NUCLEAR REGULATORY COMMISSION DIVISION OF FUEL CYCLE AND MATERIAL SAFETY, NMSS WASHINGTON, DC 20555  ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS, IF YOU ARE LOCATED IN:  <b>CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, PENNELVANIA, RHODE ISLAND, OR VERMONT, SEND APPLICATIONS TO:</b>  U.S. NUCLEAR REGULATORY COMMISSION, REGION I NUCLEAR MATERIAL SECTION B 631 PARK AVENUE KING OF PRUSSIA, PA 19406  <b>ALABAMA, FLORIDA, GEORGIA, KENTUCKY, MISSISSIPPI, NORTH CAROLINA, PUERTO RICO, SOUTH CAROLINA, TENNESSEE, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:</b>  U.S. NUCLEAR REGULATORY COMMISSION, REGION III MATERIAL RADIATION PROTECTION SECTION 101 MARIETTA STREET, SUITE 2900 ATLANTA, GA 30323	IF YOU ARE LOCATED IN <b>D30-11012</b> ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:  U.S. NUCLEAR REGULATORY COMMISSION, REGION III MATERIALS LICENSING SECTION 799 ROOSEVELT ROAD GLEN ELLYN, IL 60137  <b>ARKANSAS, COLORADO, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, SOUTH DAKOTA, TEXAS, UTAH, OR WYOMING, SEND APPLICATIONS TO:</b>  U.S. NUCLEAR REGULATORY COMMISSION, REGION IV MATERIAL RADIATION PROTECTION SECTION 611 RYAN PLAZA DRIVE, SUITE 1000 ARLINGTON, TX 76011  <b>ALASKA, ARIZONA, CALIFORNIA, HAWAII, NEVADA, OREGON, WASHINGTON, AND U.S. TERRITORIES AND POSSESSIONS IN THE PACIFIC, SEND APPLICATIONS TO:</b>  U.S. NUCLEAR REGULATORY COMMISSION, REGION V MATERIAL RADIATION PROTECTION SECTION 1450 MARIA LANE, SUITE 210 WALNUT CREEK, CA 94596
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PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTION.

1. THIS IS AN APPLICATION FOR (Check appropriate item): <input type="checkbox"/> A. NEW LICENSE <input checked="" type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER <u>37-16426-01</u> <input type="checkbox"/> C. RENEWAL OF LICENSE NUMBER _____	2. NAME AND MAILING ADDRESS OF APPLICANT (include Zip Code): James C. Giuffre Medical Center Girard Avenue at 8th Street Philadelphia, PA 19122
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3. ADDRESS(ES) WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED:  
 8th Street and Thompson Street  
 Philadelphia, PA 19122  
 Nuclear Medicine Department (G.M.C. Building)

**8912070317 891025**  
**REG 1 LIC 30**  
**37-16426-01 PDR**

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION: Michele Volpe Ext. 2580 OR Surendra B. Shah Ext. 2105  
 TELEPHONE NUMBER: (215) 787-2000

SUBMIT ITEMS 5 THROUGH 11 ON 8 1/2 x 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

5. RADIOACTIVE MATERIAL: a. Element and mass number, b. chemical and/or physical form, and c. maximum amount which will be possessed at any one time.	6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.
7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE.	8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.
9. FACILITIES AND EQUIPMENT.	10. RADIATION SAFETY PROGRAM.
11. WASTE MANAGEMENT.	12. LICENSEE FEES (See 10 CFR 170 and Section 170.31) FEE CATEGORY: <u>7C</u> AMOUNT ENCLOSED \$ <u>120.00</u>

13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.  
 THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, AND 40 AND THAT ALL INFORMATION CONTAINED HEREIN, IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.  
 WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948, 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

SIGNATURE - CERTIFYING OFFICER <i>Michele Volpe</i>	TYPED/PRINTED NAME Michele Volpe	TITLE Senior Vice President of Operations	DATE 8-30-88
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14. VOLUNTARY ECONOMIC DATA a. ANNUAL RECEIPTS: <input type="checkbox"/> < \$250K <input type="checkbox"/> \$1M - 3.5M <input type="checkbox"/> \$250K - 500K <input type="checkbox"/> \$3.5M - 7M <input type="checkbox"/> \$500K - 750K <input type="checkbox"/> \$7M - 10M <input type="checkbox"/> \$750K - 1M <input type="checkbox"/> > \$10M		b. NUMBER OF EMPLOYEES (Total for entire facility excluding outside contractors): <input type="checkbox"/> YES <input type="checkbox"/> NO	c. NUMBER OF BEDS: <input type="checkbox"/> YES <input type="checkbox"/> NO	d. WOULD YOU BE WILLING TO FURNISH COST INFORMATION (Salary and/or staff hours) ON THE ECONOMIC IMPACT OF CURRENT NRC REGULATIONS OR ANY FUTURE PROPOSED NRC REGULATIONS THAT MAY AFFECT YOU? (NRC regulations permit it to protect confidential commercial or financial - proprietary - information furnished to the agency in confidence)
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FOR NRC USE ONLY			
TYPE OF FEE <u>AMD</u>	FEE LOG <u>Oct 74</u>	FEE CATEGORY <u>7C</u>	COMMENTS
AMOUNT RECEIVED <u>\$120</u>	CHECK NUMBER <u>33419</u>	APPROVED BY <i>S. K...</i>	DATE <u>10/7/88</u>

## PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by section 2 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the Nuclear Regulatory Commission on NRC Form 313. This information is maintained in a system of records designated as NRC-3 and described at 40 Federal Register 45334 (October 1, 1975).

1. **AUTHORITY:** Sections 81 and 161(b) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2111 and 2201(b)).
2. **PRINCIPAL PURPOSE(S):** The information is evaluated by the NRC staff pursuant to the criteria set forth in 10 CFR Parts 30, 32, 33, 34, 35 and 40 to determine whether the application meets the requirements of the Atomic Energy Act of 1954, as amended, and the Commission's regulations, for the issuance of a radioactive material license or amendment thereof.
3. **ROUTINE USES:** The information may be (a) provided to State health departments for their information and use; and (b) provided to Federal, State, and local health officials and other persons in the event of incident or exposure, for their information, investigation, and protection of the public health and safety. The information may also be disclosed to appropriate Federal, State, and local agencies in the event that the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, or local agency to the extent relevant and necessary for an NRC decision or to an appropriate Federal agency to the extent relevant and necessary for that agency's decision about you.
4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:** Disclosure of the requested information is voluntary. If the requested information is not furnished, however, the application for radioactive material license, or amendment thereof, will not be processed. A request that information be held from public inspection must be in accordance with the provisions of 10 CFR 2.790. Withholding from public inspection shall not affect the right, if any, of persons properly and directly concerned need to inspect the document.
5. **SYSTEM MANAGER(S) AND ADDRESS:** U.S. Nuclear Regulatory Commission  
Director, Division of Fuel Cycle and Material Safety  
Office of Nuclear Material Safety and Safeguards  
Washington, D.C. 20555

**TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER**

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

Barbara A. Stinson, D.O.

2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE

## 3. CERTIFICATION

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
American Board of Radiology	Diagnostic Radiology Nuclear Medicine	Board Eligible

## \* 4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		LECTURE/ LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D
a. RADIATION PHYSICS AND INSTRUMENTATION	Temple University Hospital	174	150
b. RADIATION PROTECTION	2 year residency training program	60	60
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	July 1, 1981 to June 30, 1983	30	60
d. RADIATION BIOLOGY		60	30
e. RADIOPHARMACEUTICAL CHEMISTRY		60	30

## 5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE



PRECEPTOR STATEMENT

Supplement B 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 PHYSICIAN'S NAME AND ADDRESS		KEY TO COLUMN C PERSONAL PARTICIPATION SHOULD CONSIST OF: 1- Supervised examination of patients to determine the suitability for radiological 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- Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.
FULL NAME Barbara A. Stinson, D.O.		
STREET ADDRESS 7810 Lafayette Avenue CITY Melrose Park		
STATE	ZIP CODE	
PA	19126	

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

ISOTOPE 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
	DIAGNOSIS OF THYROID FUNCTION	640	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	30	
1-131 or 1-125	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES	51	
	IN VITRO STUDIES		
OTHER			
1-125	DETECTION OF THROMBOSIS		
1-131	THYROID IMAGING		
P-32	EYE TUMOR LOCALIZATION		
Sr-90	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	1530	
OTHER			
	BRAIN IMAGING	333	
	CARDIAC IMAGING		
	THYROID IMAGING		
	SALIVARY GLAND IMAGING		
Tc-99m	BLOOD POOL IMAGING	120	
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	1450	
	LUNG IMAGING	900	
	BONE IMAGING	1530	
OTHER	9067 Gallium Arsenide Leucins	600	

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 <small>(Additional information or comments may be submitted in duplicate on separate sheets.)</small> D
P-32 <small>(Consider)</small>	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	3	
P-32 <small>(Consider)</small>	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA	10	
	TREATMENT OF HYPERTHYROIDISM	80	
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Co-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192 or Co-60 or Co-137	INTERSTITIAL TREATMENT		
	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	100	
Sr-90/ In-113m	GENERATOR	3	
Tc-99m	REAGENT KITS		
Other			

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

2 Year Residency training program July 1, 1981 to June 30, 1983

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

a. NAME OF SUPERVISOR  
 TEMPLE UNIVERSITY HOSPITAL  
 DEPARTMENT OF DIAGNOSTIC IMAGING  
 SECTION OF NUCLEAR MEDICINE  
 3401 N. BROAD ST.  
 PHILA., PA. 19140  
 c. MAILING ADDRESS  
 d. CITY

5. PRECEPTOR'S SIGNATURE

*Leon S. Malmud, M.D.*

PRECEPTOR'S NAME (Print type or print)

LEON S. Malmud, M.D.

b. DATE

27 April 1987

6. MATERIALS LICENSE NUMBER(S)

37-00697-31

FORM NAC-313M-SUPPLEMENT B (5-73)

(FOR LFMS USE)  
INFORMATION FROM LTS  
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BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM  
AND  
REGIONAL LICENSING SECTIONS

PROGRAM CODE: 02120  
STATUS CODE: 0  
FEE CATEGORY: 7C  
EXP. DATE: 19911031  
FEE COMMENTS: -----

LICENSE FEE TRANSMITTAL

A. REGION *I*

1. APPLICATION ATTACHED  
APPLICANT/LICENSEE: JAMES C. GUIFFRE MEDICAL CTR.  
RECEIVED DATE: 880910  
DOCKET NO.: 3011012  
CONTROL NO.: 109557  
LICENSE NO.: 37-16426-01  
ACTION TYPE: AMENDMENT

2. FEE ATTACHED  
AMOUNT: *\$120*  
CHECK NO.: *072283*

3. COMMENTS

SIGNED \_\_\_\_\_  
DATE *9/23/88*

B. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED *1-1*)

1. FEE CATEGORY AND AMOUNT: *7C* *\$120*

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:  
AMENDMENT \_\_\_\_\_  
RENEWAL \_\_\_\_\_  
LICENSE \_\_\_\_\_

3. OTHER \_\_\_\_\_

SIGNED *S. Kimberley*  
DATE *10/7/88*