

Kennedy Memorial Hospitals at Saddle Brook

300 Market St. • Saddle Brook, NJ 07662 • (201) 368-6000

030-14715

October 4, 1988

United States
Nuclear Regulatory Commission
Region I
475 Allendale Road
King of Prussia, PA 19406

Att: Licensing Materials Section B

Dear Sir or Madam:

Kennedy Memorial Hospitals at Saddle Brook, license No. 29-18240-01, would like to add an authorized user for materials in groups I, II, and III. Please see the enclosed preceptor statement. Also enclosed is the \$120.00 fee. Thank you.

Sincerely,

Paul R. Cardillo
Executive Director

PRC:lf
Enc.

Log	Oct 29
Remitter	
Check No.	66616
Amount	\$120
Fee Category	26
Type of Fee	And
Date Check Sent	10/27/88
Date Completed	10/28/88
By	Meris

88 OCT 21 PM 2:17

RECEIVED-REGION 1

109764

OFFICIAL RECORD COPY ML 10

21 OCT 1988

Supplement A

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

1. NAME OF PROPOSED AUTHORIZED USER OR RADIATION SAFETY OFFICER Allan B. Rubin, M.D.	2. FOR PHYSICIANS, STATE OR TERRITORY WHERE LICENSED TO PRACTICE N. J.
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3. CERTIFICATION

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
American Board of Radiology	Diagnostic Radiology	6/11/77

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

FIELD OF TRAINING	LOCATION AND DATE(S) OF TRAINING	TYPE AND LENGTH OF TRAINING	
		LECTURE/ LABORATORY COURSES (CLOCK HOURS)	SUPERVISED ON-THE-JOB EXPERIENCE (CLOCK HOURS)
a. RADIATION PHYSICS AND INSTRUMENTATION	1. Mt. Sinai Hospital-NY 2. NY Medical College- Metropolitan Hosp. Center	100	50
b. RADIATION PROTECTION	7/72 - 6/77 3. Kennedy Memorial Hosp. 10/87 - 5/88	30	25
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY		20	25
d. RADIATION BIOLOGY		20	---
e. RADIOPHARMACEUTICAL CHEMISTRY		30	50

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

ISOTOPE	MAXIMUM AMOUNT USED AT ONE TIME	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE (CLOCK HOURS)	TYPE OF USE
^{99m}Tc	300 mc	Mt. Sinai Hosp. - NY	500	Imaging
I 131	1.0 mc	NY Medical College Metropolitan Hosp.	125	Imaging/uptake
TL 200	0.0 mc	Kennedy Memorial Hospital	150	Imaging

PRECEPTOR STATEMENT

1. PROPOSED PHYSICIAN USER'S NAME AND ADDRESS

FULL NAME

Allan B. Rubin, M.D.

STREET ADDRESS

300 Market Street

CITY

Saddle Brook

STATE

NJ

ZIP CODE

07662

KEY TO COLUMN C

PERSONAL PARTICIPATION SHOULD CONSIST OF:

1. Supervised administration of patients to determine the suitability for radioactive diagnosis and/or treatment and recommendation for prescribed dosage.

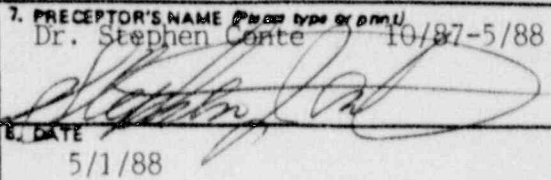
2. Collaboration in dose calibration and actual administration of dose to the patient including evaluation of the radiation dose, related measurements and plotting of data.

3. Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.

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 sheet.) D
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION	50	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME		
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES		
IN VITRO STUDIES			
OTHER			
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING	15	
P-32	EYE TUMOR LOCALIZATION		
Co-57	PANCREAS IMAGING	25	
Yb-109	CISTERNOGRAPHY		
Xe-125	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	20	
OTHER			
Tc-99m	BRAIN IMAGING	75	
	CARDIAC IMAGING	125	
	THYROID IMAGING	300	
	SALIVARY GLAND IMAGING	5	
	BLOOD POOL IMAGING	25	
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	500	
	LUNG IMAGING	300	
BONE IMAGING	500		
OTHER			

EXHIBIT 3 (Continued)

PROPOSED PHYSICIAN USER Allan B. Rubin M.D.			
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 (Additional information or comments may be submitted in duplicate on separate sheets.) D
P-32 (Sodium)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
P-32 (Cobalt)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM		
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Co-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
	TELETERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	15	
Sr-90/ Y-90	GENERATOR		
Tc-99m	REAGENT KITS	50	
Other			
3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING			
LOCATION		DATES	CLOCK HOURS OF EXPERIENCE
Mt. Sinai Hospital		July 1972 - June 1977	2005
Kennedy Memorial Hospital		October 1987 - May 1988	
4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:		5. PRECEPTOR'S SIGNATURE	
a. NAME OF SUPERVISOR Stephen Conte, D.O.		 7. PRECEPTOR'S NAME (Print type or print) Dr. Stephen Conte 10/87-5/88 8. DATE 5/1/88	
b. NAME OF INSTITUTION Kennedy Memorial Hospital			
c. MAILING ADDRESS 300 Market Street			
d. CITY Saddle Brook, N.J. 07662			
e. MATERIALS LICENSE NUMBER(S) USNRC 29-18240-01			
		109764	

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM
AND
REGIONAL LICENSING SECTIONS

(FOR LFMS USE)
INFORMATION FROM LTS

PROGRAM CODE: 02120
STATUS CODE: 0
FEE CATEGORY: 7C
EXP. DATE: 19901031
FEE COMMENTS:

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

APPLICANT/LICENSEE: KENNEDY MEM. HOSPS AT SADDLE BROOK
RECEIVED DATE: 881021
DOCKET NO: 3014715
CONTROL NO.: 109764
LICENSE NO.: 29-18240-01
ACTION TYPE: AMENDMENT

2. FEE ATTACHED

AMOUNT: \$120.00
CHECK NO.: 66616

3. COMMENTS

SIGNED EAMW
DATE 881025

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

1. FEE CATEGORY AND AMOUNT: 7c (120)

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:

AMENDMENT _____
RENEWAL _____
LICENSE _____

3. OTHER _____

SIGNED Mr. Kusner
DATE 10/25/88