

030-01807

CITY OF BOSTON  
DEPARTMENT OF HEALTH AND HOSPITALS

818 HARRISON AVENUE  
BOSTON, MASSACHUSETTS 02118

Tel. No. (617) 424-5622



August 9, 1988

U.S. Nuclear Regulatory Commission  
Region I  
475 Allendale Road  
King of Prussia, PA 19406

Dear Sirs:

We would like to amend our license #20-00275-08 in the following manner: Under condition #11A - 1. We would like to add Edward A. Alexander, M.D. as an authorized user in place of Howard H. Bengeler, Ph.D. who will be leaving Boston City Hospital permanently. Dr. Alexander has worked under Dr. Bengeler's authorization for the past three years. Enclosed you will find NRC form 313 M supplement A, and a letter of concurrence from Boston City Hospital Administration.

Thank you for your attention

Sincerely,

Gene A. Cardarelli, M.P.H.  
Radiation Safety Officer

RECEIVED BY LFMS	
Date	8/30/88
Log	Aug 19
By	S. Kimberly
Date Completed	8/30/88

**FEE EXEMPT**

170-11669

9001190298 881104  
REG1 LIC30  
20-00275-08 PDR

"OFFICIAL RECORD COPY" ML10

LONG ISLAND  
CHRONIC DISEASE HOSPITAL  
BOSTON HARBOR, MASSACHUSETTS 02169

COMMUNITY HEALTH SERVICES  
818 HARRISON AVENUE  
BOSTON, MASSACHUSETTS 02118

109412  
**15 AUG 1988**  
MATTAPAN CHRONIC DISEASE HOSPITAL  
249 RIVER STREET  
MATTAPAN, MASSACHUSETTS 02126

CITY OF BOSTON  
DEPARTMENT OF HEALTH AND HOSPITALS

818 HARRISON AVENUE  
BOSTON, MASSACHUSETTS 02118



Tel. No. \_\_\_\_\_

August 6, 1988

U.S. Nuclear Regulatory Commission  
Region I  
475 Allendale Road  
King of Prussia, PA 19406

Dear Sirs:

This letter is in regards to your request for concurrence of all radioactive material users by the Administration of Boston City Hospital. Edward A. Alexander, M.D. is regarded as a member of our Medical Staff and is recognized as a worthy candidate to use radioactive materials here at Boston City Hospital.

Respectfully submitted,

A handwritten signature in cursive script that reads "David Hardy".

David Hardy  
Director of Operations  
Boston City Hospital

TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER Edward A. Alexander, M.D.	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE MA
---	---

3. CERTIFICATION

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
Internal Medicine Nephrology		1967 1976

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	NONE		
b. RADIATION PROTECTION	Yale Medical School		
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	NONE		
d. RADIATION BIOLOGY	NONE		
e. BASIC PHARMACEUTICAL CHEMISTRY	NONE		

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

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
14C	5 mci	Boston University Med Sch	1968-Present	Physiology
3 H	5 mci	Boston University Med Sch	1968-Present	Physiology
22 Na	10 mci	BUSM and Yale Med School	1966-Present	Physiology
42 K	10 mci	BUSM and Yale Med School	1966-Present	Physiology



BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM  
AND  
REGIONAL LICENSING SECTIONS

(FOR LFMS USE)  
INFORMATION FROM LTS

PROGRAM CODE: 02120  
STATUS CODE: 0  
FEE CATEGORY: EX 7C  
EXP. DATE: 90910331  
FEE COMMENTS: 170.11(A)(9)\_CI

LICENSE FEE TRANSMITTAL

A. REGION *I*

1. APPLICATION ATTACHED

APPLICANT/LICENSEE: BOSTON CITY HOSPITAL  
RECEIVED DATE: 880815  
DOCKET NO: 3001807  
CONTROL NO.: 109412  
LICENSE NO.: 20-00275-08  
ACTION TYPE: AMENDMENT

2. FEE ATTACHED

AMOUNT: \_\_\_\_\_  
CHECK NO.: \_\_\_\_\_

3. COMMENTS

SIGNED \_\_\_\_\_  
DATE \_\_\_\_\_

8. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED) *1-7*

1. FEE CATEGORY AND AMOUNT: *EX 7C*

**FEE EXEMPT**

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

AMENDMENT \_\_\_\_\_  
RENEWAL \_\_\_\_\_  
LICENSE \_\_\_\_\_

*170.11(A)(9)*

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

SIGNED \_\_\_\_\_  
DATE \_\_\_\_\_