

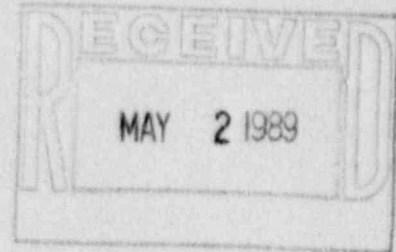


Memorial Hospital Of Sheridan County

WE CARE . . . IN SO MANY WAYS

John Owen Yale
ADMINISTRATOR

April 28, 1989



U.S. Nuclear Regulatory Commission
Region IV
611 Ryan Plaza Drive, Suite 1000
Arlington, TX 76011

ATTENTION: Licensing Section

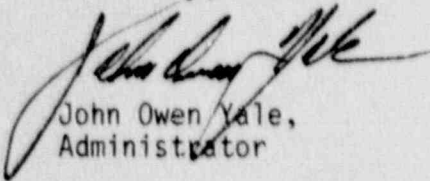
Memorial Hospital of Sheridan County, in possession of Materials License Number 49-10982 -02, docket number 030-3772, expiration date November 30, 1993, hereby requests to amend its License to allow the inclusion of an additional authorized user.

Enclosed please find NRC forms 313M, supplements A and B for applicant Jeffrey T. Lund, M. D.

We request that Dr. Lund be granted the status of authorized user for material identified in 10 CFR 35.100, 35.200, 35.300 and 31.11.

If any additional information is required, please contact me.

Sincerely,


John Owen Yale,
Administrator

YALE:cm
Enclosures

9001300472 890516
REGA LIC30 PDR
49-10982-02

U.S. NUCLEAR REGULATORY COMMISSION
MAY 5 10:34

RECEIVED BY LRMS	
Date	5/1/89
LOG	May-1-IV
By	Passer
Date Completed	5/1/89

FEE EXEMPT

170.1(K)(1) case 13

462543

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER JEFFREY T. LUND	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE Wyoming, Minnesota
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3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
American Board of Radiology	written board examination in diagnosis and physics including nuclear medicine passed Oct. 1988 oral board examination to be taken June 1989	

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	Mayo Clinic Department of Diagnostic Radiology 200 First Street SW Rochester, MN 55905	20	40	
b. RADIATION PROTECTION	6-28-85 to 6-30-89 Diagnostic Radiology residency including 6 month training in nuclear medicine - training in part 4 is in addition to 6 months clinical training	4	40	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	as above	5	20	
d. RADIATION BIOLOGY	as above	3	40	
e. RADIOPHARMACEUTICAL CHEMISTRY	as above	3	40	

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
^{99m} Tc	3 Ci	Mayo Clinic	6-28-85 to 6-30-89	Medical use: uptake, dilution, excretion, imaging and localization studies and treatment
¹³¹ I	200 mCi	Dept. of Diagnostic Radiology - residency in 200 First Street SW Rochester, Mn 55905	Diagnostic Radiology with 6 month clinical training and additional training in part 4 above	
¹³³ Xe	25 mCi			
³² P	25 mCi			
⁶⁷ Ga	15 mCi			
²⁰¹ Tl	4 mCi			
¹¹¹ In	1 mCi			
¹²⁵ I	200 uCi			

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

FULL NAME
Jeffrey T. Lund

STREET ADDRESS
2413 17th Avenue NW

CITY | STATE | ZIP CODE
Rochester, MN 55901

KEY TO COLUMN C

PERSONAL PARTICIPATION SHOULD CONSIST OF:

1-Supervised examination of patients to determine the suitability for radioisotope 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.

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

ISOTOPE A	COND TIONS 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
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION	30	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME		
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES	50	
IN VITRO STUDIES			
OTHER	I-131 MIBG	8	
I-125	DETECTION OF THROMBOSIS	4	
I-131	THYROID IMAGING	30	
P-32	EYE TUMOR LOCALIZATION		
Se-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	60	
OTHER	In-111 WBC	36	
Tc-99m	BRAIN IMAGING	10	
	CARDIAC IMAGING	200	
	THYROID IMAGING	45	
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING		
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	300	
	LUNG IMAGING	60	
BONE IMAGING	900		
OTHER	Tc-99m Kidney Function Studies	50	

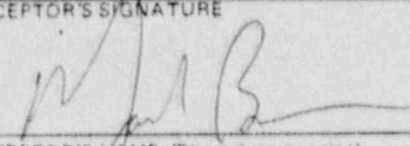
PRECEPTOR STATEMENT (Continued)

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>(Soluble)</i>	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
P-32 <i>(Colloidal)</i>	INTRACAVITARY TREATMENT	1	
I-131	TREATMENT OF THYROID CARCINOMA	6	
	TREATMENT OF HYPERTHYROIDISM	14	
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
	TELE THERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	3	
Sr-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	3	
Other			
Tc-99m	IDA Biliary Studies	50	
Tc-99m	Dacryoscintigraphy	5	
Ga-67	Tumor/Abscess Studies	12	
Tc-99m	Lymphoscintigraphy	3	

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

Weeks of:	3/17/86	11/17/86	1/04/88	10/10/88
9/23/85	6/30/86	11/24/86	1/11/88	10/17/88
9/30/85	10/27/86	12/07/87	3/28/88	10/24/88
10/07/85	11/03/86	12/14/87	9/26/88	
3/10/86	11/10/86	12/28/87	10/03/88	Greater than 800 hours

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:	6. PRECEPTOR'S SIGNATURE 
a. NAME OF SUPERVISOR Manuel L. Brown, M.D.	
b. NAME OF INSTITUTION Mayo Clinic	7. PRECEPTOR'S NAME (Please type or print) Manuel L. Brown, M.D.
c. MAILING ADDRESS 200 First Street SW	
d. CITY Rochester, MN 55905	8. DATE April 4, 1989
5. MATERIALS LICENSE NUMBER(S) 22-00519-13	