



Saint Luke's Hospital of New Bedford, Inc.

101 PAGE STREET, P.O. BOX H-3003, NEW BEDFORD, MA 02741-3003

506-997-1515

030-01818

March 1, 1989

Dr. John Glenn
United States Nuclear Regulatory Commission
Materials License
475 Allendale Road
King of Prussia, PA 19406

Dear Dr. Glenn:

This letter is to request addition of the following physicians to NRC license No. 20-00713-03 issued to St. Luke's Hospital of New Bedford, Massachusetts.

Roger W. Li, M.D. for Groups I, II, and III. Americium as an anatomical marker.

Wesley Rosario-Medina, M.D. for Groups I, II, and III. Americium as an anatomical marker. Phosphorus 32 as soluble phosphate for treatment of polycythemia vera, leukemia, and bone metastases. Iodine 131 for treatment of hyperthyroidism, cardiac dysfunction, and thyroid carcinoma. Americium as an anatomical marker.

Nicholas P. Spencer, M.D. for Groups I, II, and III. Phosphorus 32 as soluble phosphate for treatment of polycythemia vera, leukemia, and bone metastases. Iodine 131 for treatment of hyperthyroidism, cardiac dysfunction and thyroid carcinoma. Americium as an anatomical marker.

Our license renewal will be received by the NRC by September 30, 1989. The expiration date is October 31, 1989. At that time we will be in full compliance with 10CFR 35.

Sincerely,

Handwritten signature of John Bihldorff

John Bihldorff
President

9003070225 890804
REG1 LIC30
20-00713-03 PDR

11c
cc: Nuclear Medicine

Log
Remitter
Check No. 459295
Amount \$120
Fee Category 70
Type of Fee A.M.D.
Date Check Rec'd. 3/23/89
Date Completed
By: A. Kimberly

89 MAR -9 P2:17

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OFFICIAL RECORD COPY ML 10

110399

MAR 09 1989



*Saint Luke's Hospital of New Bedford, Inc.*

101 PAGE STREET, P.O. BOX H-3003, NEW BEDFORD, MA 02741-3003

508-997-1515

MS-16  
P-8

March 1, 1989

DOCKET #030-01818  
Mail Control #110399  
Attention Judy Joustra

Dr. John Glenn  
United States Nuclear Regulatory Commission  
Materials License  
475 Allendale Road  
King of Prussia, PA 19406

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Sincerely,

John Bihldorff  
President

llc  
cc: Nuclear Medicine

110399

OFFICIAL RECORD COPY ML 10

APR 17 1989





*Saint Luke's Hospital of New Bedford, Inc.*

101 PAGE STREET, P.O. BOX H-3003, NEW BEDFORD, MA 02741-3003

508-997-1515

March 1, 1989

DOCKET #030-01818  
Mail Control #110399  
Attention Judy Joustra

Dr. John Glenn  
United States Nuclear Regulatory Commission  
Materials License  
475 Allendale Road  
King of Prussia, PA 19406

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Sincerely,

A handwritten signature in cursive script that reads "John Bihldorff".

John Bihldorff  
President

llc

cc: Nuclear Medicine

TRAINING AND EXPERIENCE  
 AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

WESLEY ROSARIO - MEDINA, M.D.

STATE IN WHICH PRACTICE MEDICINE

3. CERTIFICATION

SPECIALTY BOARD  
A

CATEGORY  
B

MONTH AND YEAR CERTIFIED  
C

General Radiology

NUCLEAR MEDICINE

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	University of Cincinnati Hospital E.L. Saenger Radioisotope Lab.	148	20
b. RADIATION PROTECTION		30	-
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY		20	-
d. RADIATION BIOLOGY		33	-
e. RADIOPHARMACEUTICAL CHEMISTRY		20	10

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

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
Tc-99m	1.5 curie per elution (approx.)	University of Cincinnati	968 hours Clinical Nuclear Medicine-University of Cincinnati Hosp.	generator elution; kit preparations including: Tc-MAA, Tc-sulfur colloid, Tc-MDP, Tc-DTPA, Tc-glucoheptonate

FORM NRC-313M Supplement A

(8-78)

Additional: Clinical lectures - 50 hours, Radiology T. Meeting - 108 hrs., Research Conference (26 hours)  
 (Total 184 hours)



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  
**WESLEY ROSARIO-MEDINA, MD**

STREET ADDRESS  
**136 Westview St.**

CITY | STATE | ZIP CODE  
**New Bedford MA 02740**

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

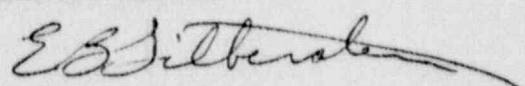
ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION	2	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	5	
	LIVER FUNCTION STUDIES	—	
	FAT ABSORPTION STUDIES	—	
	KIDNEY FUNCTION STUDIES	24	
	IN VITRO STUDIES	—	
OTHER			
I-125	DETECTION OF THROMBOSIS	8	
I-131	THYROID IMAGING	—	
P-32	EYE TUMOR LOCALIZATION	—	
Sr-75	PANCREAS IMAGING	—	
Yb-169	CISTERNOGRAPHY	—	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	82	
OTHER			
Tc-99m	BRAIN IMAGING	15	
	CARDIAC IMAGING	28	
	THYROID IMAGING	6	
	SALIVARY GLAND IMAGING	2	
	BLOOD POOL IMAGING	180	
	PLACENTA LOCALIZATION	—	
	LIVER AND SPLEEN IMAGING	350	
	LUNG IMAGING	162	
BONE IMAGING	320		
OTHER			

**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 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	3	
P-32 (Colloidal)	INTRACAVITARY TREATMENT	—	
I-131	TREATMENT OF THYROID CARCINOMA	3	
	TREATMENT OF HYPERTHYROIDISM	10	
Au-198	INTRACAVITARY TREATMENT	—	
Co-60 or Co-137	INTERSTITIAL TREATMENT	—	
	INTRACAVITARY TREATMENT	—	
I-126 or Ir-192	INTERSTITIAL TREATMENT	—	
	TELE THERAPY TREATMENT	—	
Sr-90	TREATMENT OF EYE DISEASE	—	
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	MORE THAN 5	
Sr-113/ In-113m	GENERATOR	—	
Tc-99m	REAGENT KITS	MORE THAN 10	
Other			
In-111	Cisternography	9	
In-111	White blood cell labeling	24	
Cr-51	Red cell volume and survival	6	
Fe-59	Iron turnover study	1	
I-123	Thyroid scan, uptake	60	

**3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING**  
 11/1/83 - 11/30/83 - 12/1/85 - 12/31/85 - 3/1/85 - 3/31/85  
 968 hours  
 + 184 ADDITIONAL CLINICAL LECTURE AND DIDACTIC MATERIALS  
**TOTAL 1152 HOURS**

<b>4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:</b>	<b>6. PRECEPTOR'S SIGNATURE</b> 
a. NAME OF SUPERVISOR <b>EDWARD B. SILBERSTEIN, M.D.</b>	
b. NAME OF INSTITUTION <b>UNIVERSITY OF CINCINNATI MEDICAL CENTER</b>	<b>7. PRECEPTOR'S NAME (Please type or print)</b> <b>EDWARD B. SILBERSTEIN, MD</b>
c. MAILING ADDRESS <b>E.L. Sanger Radioisotope Lab.</b>	
d. CITY <b>CINCINNATI - OHIO 45267</b>	<b>8. DATE</b> <b>SEPT. 30, 1988</b>
<b>5. MATERIALS LICENSE NUMBER(S)</b> <b>34-06903-05</b>	

FORM NRC-313M-SUPPLEMENT B (8-78)

FORM NRC-313M-SUPPLEMENT A (8-78)		U.S. NUCLEAR REGULATORY COMMISSION		
TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER				
1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER <i>ROGER W. LI M.D.</i>			2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE	
3. CERTIFICATION				
SPECIALTY BOARD A	CATEGORY B		MONTH AND YEAR CERTIFIED C	
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	Lahey Clinic Medical Center 1983 - 1986	125	15	
b. RADIATION PROTECTION		35		
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY		20		
d. RADIATION BIOLOGY		25		
e. RADIOPHARMACEUTICAL CHEMISTRY		20	10	
5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
<i>Tc 99m</i>	<i>1.5 curie per elution (approx)</i>	<i>Lahey Clinic Medical Center</i>	<i>1012 hours</i>	<i>generator elution kit preparations including Tc - MAA Tc - sulfur colloid Tc - HDP Tc - DTPA Tc - DMSA Tc - glaucseptin</i>



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

Roger W. Li

STREET ADDRESS

38 Anthony Street

CITY

South Dartmouth

STATE

MA

ZIP CODE

02748

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	CONDITIONS DIAGNOSED OR TREATED	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION	COMMENTS <i>(Additional information or comments may be submitted in duplicate on separate sheets.)</i>
A	B	C	D
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION		
	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	10	
P-32	EYE TUMOR LOCALIZATION		
Sr-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	80	
OTHER			
Tc-99m	BRAIN IMAGING	5	
	CARDIAC IMAGING (PYP)	10	
	THYROID IMAGING	100	
	SALIVARY GLAND IMAGING	10	
	BLOOD POOL IMAGING (GATED)	50	
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	50	
	LUNG IMAGING	80	
BONE IMAGING	500		
OTHER			



**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 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
P-32 (Colloid)	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		
	TELE THERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	5	
Sr-113/ In-113m	GENERATOR		
Ti-99m	REAGENT KITS	5	
Other			

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

JULY 83 - JUNE 86 : RESIDENCY IN DIAGNOSTIC RADIOLOGY, WITH A  
3-MONTH ROTATION THROUGH NUCLEAR MEDICINE

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

a. NAME OF SUPERVISOR  
PETER F. WINTER, M.D.

b. NAME OF INSTITUTION  
LAHEY CLINIC MEDICAL CENTER

c. MAILING ADDRESS  
41 MALL RD.

d. CITY  
BURLINGTON, MA 01805

**6. PRECEPTOR'S SIGNATURE**

*Peter F. Winter, M.D.*

**7. PRECEPTOR'S NAME (Please type or print)**

PETER F. WINTER, M.D.

**8. DATE**

10/30/87

**5. MATERIALS LICENSE NUMBER(S)**  
20-05766-02

FORM NRC-313M-SUPPLEMENT B  
(8-78)

TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

Dr. Jacob Spira R.S.O.

McC HOLTZ P. SPENCER, M.D.

2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE

3. CERTIFICATION

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C

→ 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	B.C.H. 1972 and 1973	120	
b. RADIATION PROTECTION	"	50	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	"	20	
d. RADIATION BIOLOGY			
e. RADIOPHARMACEUTICAL CHEMISTRY			

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

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
		See number 3		



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.

<p><b>1. APPLICANT PHYSICIAN'S NAME AND ADDRESS</b></p> <p>FULL NAME Nicholas P. Spencer, M.D.</p> <p>STREET ADDRESS 130 Maple Street</p> <p>CITY   STATE   ZIP CODE Springfield   MA   01106</p>	<p><b>KEY TO COLUMN C</b></p> <p>PERSONAL PARTICIPATION SHOULD CONSIST OF:</p> <p>1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.</p> <p>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.</p> <p>3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.</p>
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→ 2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

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
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION	1200	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	10	
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES	0	
	KIDNEY FUNCTION STUDIES	150	
IN VITRO STUDIES	0		
OTHER			
I-125	DETECTION OF THROMBOSIS	30	
I-131	THYROID IMAGING	20	
P-32	EYE TUMOR LOCALIZATION	0	
Sr-75	PANCREAS IMAGING	0	
Yb-169	CISTERNOGRAPHY	100	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	500	
OTHER			
Tc-99m	BRAIN IMAGING	200	
	CARDIAC IMAGING	1200	
	THYROID IMAGING	1500	
	SALIVARY GLAND IMAGING	50	
	BLOOD POOL IMAGING	-	
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	1500	
	LUNG IMAGING	1000	
BONE IMAGING	1000		
OTHER			

**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	3	
P-32 <i>(Colloidal)</i>	INTRACAVITARY TREATMENT	0	
I-131	TREATMENT OF THYROID CARCINOMA	10	
	TREATMENT OF HYPERTHYROIDISM	50	
Au-198	INTRACAVITARY TREATMENT	0	
Co-60 or Cs-137	INTERSTITIAL TREATMENT	0	
	INTRACAVITARY TREATMENT	0	
I-125 or Ir-192	INTERSTITIAL TREATMENT	0	
Co-60 or Cs-137	TELE THERAPY TREATMENT	0	
Sr-90	TREATMENT OF EYE DISEASE	0	
	RADIOPHARMACEUTICAL PREPARATION	0	
Mo-99/ Tc-99m	GENERATOR	700	
Sr-113/ In-113m	GENERATOR	0	
Tc-99m	REAGENT KITS	2000	
Other			

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

500 hours

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

a. NAME OF SUPERVISOR

Victor W. Lee

b. NAME OF INSTITUTION

Boston City Hospital

c. MAILING ADDRESS

818 Harrison Avenue

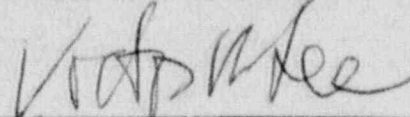
d. CITY

Boston, MA 02118

e. MATERIALS LICENSE NUMBER(S)

NRC #20-00275-08 Control #03853

a. PRECEPTOR'S SIGNATURE



7. PRECEPTOR'S NAME *(Please type or print)*

Victor W. Lee, M.D.

8. DATE

10.18.1985



FORM NRC-313M-SUPPLEMENT A (8-78) U.S. NUCLEAR REGULATORY COMMISSION  
**TRAINING AND EXPERIENCE  
 AUTHORIZED USER OR RADIATION SAFETY OFFICER**

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER  
*ROGER W. LI M.D.*

2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE

3. CERTIFICATION

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C

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		LECTURE/ LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D
a. RADIATION PHYSICS AND INSTRUMENTATION	Lahey Clinic Medical Center 1983 - 1986	125	15
b. RADIATION PROTECTION		35	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY		20	
d. RADIATION BIOLOGY		25	
e. RADIOPHARMACEUTICAL CHEMISTRY		20	10

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

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Tc-99m	1.5 curie per elution (approx)	Lahey Clinic Medical Center	1012 hours	generator elution kit preparation including Tc - MAA Tc - sulfur colloid Tc - MDP Tc - DTPA Tc - DMSA Tc - glaucophthinate

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

Roger W. Li

STREET ADDRESS

38 Anthony Street

CITY

South Dartmouth

STATE

MA

ZIP CODE

02748

KEY TO COLUMN C

PERSONAL PARTICIPATION SHOULD CONSIST OF:

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I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION		
	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	10	
P-32	EYE TUMOR LOCALIZATION		
Sr-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	80	
OTHER			
Tc-99m	BRAIN IMAGING	5	
	CARDIAC IMAGING (PYP)	10	
	THYROID IMAGING	100	
	SALIVARY GLAND IMAGING	10	
	BLOOD POOL IMAGING (GATED)	50	
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	50	
	LUNG IMAGING	80	
BONE IMAGING	500		
OTHER			



**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 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
P-32 (Colloidal)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM		
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	5	
Sr-90/ In-113m	GENERATOR		
Ti-99m	REAGENT KITS	5	
Other			

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

JULY 83 - JUNE 86 : RESIDENCY IN DIAGNOSTIC RADIOLOGY, WITH A 3-MONTH ROTATION THROUGH NUCLEAR MEDICINE

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

a. NAME OF SUPERVISOR  
PETER F. WINTER, M.D.

b. NAME OF INSTITUTION  
LAHEY CLINIC MEDICAL CENTER

c. MAILING ADDRESS  
41 MALL RD.

d. CITY  
BURLINGTON, MA 01805

**5. PRECEPTOR'S SIGNATURE**

*Peter F. Winter, M.D.*

**7. PRECEPTOR'S NAME (Please type or print)**

PETER F. WINTER, M.D.

**8. DATE**

10/30/87

**6. MATERIALS LICENSE NUMBER(S)**

20-05766-02

FORM NRC-313A SUPPLEMENT B (8-78)

TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER  
**WESLEY ROSARIO - MEDINA, M.D.**

2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE

3. CERTIFICATION

SPECIALTY BOARD  
A

CATEGORY  
B

MONTH AND YEAR CERTIFIED  
C

General Radiology

NUCLEAR MEDICINE

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	University of Cincinnati Hospital E.L. Saenger Radioisotope Lab.	148	20
b. RADIATION PROTECTION		30	-
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY		20	-
d. RADIATION BIOLOGY		33	-
e. RADIOPHARMACEUTICAL CHEMISTRY		20	10

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

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
Tc-99m	1.5 curie per elution (approx.)	University of Cincinnati	968 hours Clinical Nuclear Medicine-University of Cincinnati Hosp.	generator elution; kit preparations including: Tc-MAA, Tc-sulfur colloid, Tc-MDP, Tc-DTPA, Tc-glucoheptonate

Additional: Clinical lectures - 50 hours, Radiology T. Meeting - 108 hrs., Research Conference (Total 184 hours) (26 hours)



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  
**WESLEY ROSARIO-MEDINA, MD**

STREET ADDRESS  
**136 Westview St.**

CITY STATE ZIP CODE  
**New Bedford MA 02740**

KEY TO COLUMN C

PERSONAL PARTICIPATION SHOULD CONSIST OF:

- 1-Supervised examination of patients to determine the suitability for radiotope 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

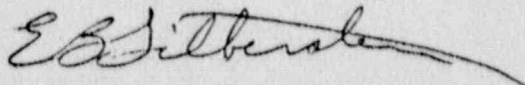
ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS <i>(Additional information or comments may be submitted in duplicate on separate sheets.)</i> D
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION	2	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	5	
	LIVER FUNCTION STUDIES	—	
	FAT ABSORPTION STUDIES	—	
	KIDNEY FUNCTION STUDIES	24	
	IN VITRO STUDIES	—	
OTHER			
I-125	DETECTION OF THROMBOSIS	8	
I-131	THYROID IMAGING	—	
P-32	EYE TUMOR LOCALIZATION	—	
Sr-75	PANCREAS IMAGING	—	
Yb-169	CISTERNOGRAPHY	—	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	82	
OTHER			
Tc-99m	BRAIN IMAGING	15	
	CARDIAC IMAGING	28	
	THYROID IMAGING	6	
	SALIVARY GLAND IMAGING	2	
	BLOOD POOL IMAGING	180	
	PLACENTA LOCALIZATION	—	
	LIVER AND SPLEEN IMAGING	350	
	LUNG IMAGING	102	
BONE IMAGING	320		
OTHER			

**PRECEPTOR STATEMENT (Continued)**

**2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)**

ISOTOPE	CONDITIONS DIAGNOSED OR TREATED	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION	COMMENTS <small>(Additional information or comments may be submitted in duplicate on separate sheets.)</small>
A	B	C	D
P-32 <i>(Colloid)</i>	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	3	
P-32 <i>(Colloid)</i>	INTRACAVITARY TREATMENT	—	
I-131	TREATMENT OF THYROID CARCINOMA	3	
	TREATMENT OF HYPERTHYROIDISM	10	
Au-198	INTRACAVITARY TREATMENT	—	
Co-60 or Co-137	INTERSTITIAL TREATMENT	—	
	INTRACAVITARY TREATMENT	—	
I-125 or Ir-192	INTERSTITIAL TREATMENT	—	
	TELETHERAPY TREATMENT	—	
Co-60 or Co-137	TELETHERAPY TREATMENT	—	
Sr-90	TREATMENT OF EYE DISEASE	—	
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	MORE THAN 5	
Sr-112/ In-113m	GENERATOR	—	
Tc-99m	REAGENT KITS	MORE THAN 10	
Other			
In-111	Cisternography	9	
In-111	White blood cell labeling	24	
Cr-51	Red cell volume and survival	6	
Fe-59	Iron turnover study	1	
I-123	Thyroid scan, uptake	60	

**3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING**  
 11/1/83 - 11/30/83 - 12/1/85 - 12/31/85 - 3/1/85 - 3/31/85  
 968 hours  
 + 184 ADDITIONAL CLINICAL LECTURE AND DIDACTIC MATERIALS  
**TOTAL 1152 HOURS**

<b>4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:</b> a. NAME OF SUPERVISOR EDWARD B. SILBERSTEIN, M.D. b. NAME OF INSTITUTION UNIVERSITY OF CINCINNATI MEDICAL CENTER c. MAILING ADDRESS E.L. Seeger Radioisotope Lab. d. CITY CINCINNATI - OHIO 45267	<b>5. PRECEPTOR'S SIGNATURE</b> 
	<b>7. PRECEPTOR'S NAME (Please type or print)</b> EDWARD B. SILBERSTEIN, MD
	<b>8. DATE</b> SEPT. 30, 1988
	<b>6. MATERIALS LICENSE NUMBER(S)</b> 34-06903-05

FORM NRC-313M-SUPPLEMENT B (8-78)



(B-78)

TRAINING AND EXPERIENCE  
 AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

Dr. Jacob Spira R.S.O. *NICHOLAS P. SPENCER, M.D.*

2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE

3. CERTIFICATION

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C

→ 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	B.C.H. 1972 and 1973	120	
b. RADIATION PROTECTION	"	50	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	"	20	
d. RADIATION BIOLOGY			
e. RADIOPHARMACEUTICAL CHEMISTRY			

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

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
		See number 3		

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  
Nicholas P. Spencer, M.D.

STREET ADDRESS  
130 Maple Street

CITY STATE ZIP CODE  
Springfield MA 01106

KEY TO COLUMN C  
PERSONAL PARTICIPATION SHOULD CONSIST OF:

- 1-Supervised examination of patients to determine the suitability for radiodiagnostic 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	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
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION	1200	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	10	
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES	0	
	KIDNEY FUNCTION STUDIES	150	
IN VITRO STUDIES	0		
OTHER			
I-125	DETECTION OF THROMBOSIS	30	
I-131	THYROID IMAGING	20	
P-32	EYE TUMOR LOCALIZATION	0	
Sr-75	PANCREAS IMAGING	0	
Yb-169	CISTERNOGRAPHY	100	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	500	
OTHER			
Tc-99m	BRAIN IMAGING	200	
	CARDIAC IMAGING	1200	
	THYROID IMAGING	1500	
	SALIVARY GLAND IMAGING	50	
	BLOOD POOL IMAGING	-	
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	1500	
	LUNG IMAGING	1000	
BONE IMAGING	1000		
OTHER			



PRECEPTOR STATEMENT (Continued)

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

ISOTOPE	CONDITIONS DIAGNOSED OR TREATED	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION	COMMENTS <i>(Additional information or comments may be submitted in duplicate on separate sheet.)</i>
A	B	C	D
P-32 <i>(Soluble)</i>	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	3	
P-32 <i>(Colloidal)</i>	INTRACAVITARY TREATMENT	0	
I-131	TREATMENT OF THYROID CARCINOMA	10	
	TREATMENT OF HYPERTHYROIDISM	50	
Au-198	INTRACAVITARY TREATMENT	0	
Co-60 or Cs-137	INTERSTITIAL TREATMENT	0	
	INTRACAVITARY TREATMENT	0	
I-125 or Ir-192	INTERSTITIAL TREATMENT	0	
	Co-60 or Cs-137	TELETERAPY TREATMENT	
Sr-90		TREATMENT OF EYE DISEASE	
	RADIOPHARMACEUTICAL PREPARATION	0	
Mo-99/ Tc-99m	GENERATOR	700	
Sn-113/ In-113m	GENERATOR	0	
Tc-99m	REAGENT KITS	2000	
Other			

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

500 hours

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

a. NAME OF SUPERVISOR

Victor W. Lee

b. NAME OF INSTITUTION

Boston City Hospital

c. MAILING ADDRESS

818 Harrison Avenue

d. CITY

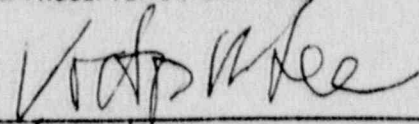
Boston, MA 02118

5. MATERIALS LICENSE NUMBER(S)

NRC #20-00275-08 Control #03853

FORM NRC-313M-SUPPLEMENT B (8-78)

6. PRECEPTOR'S SIGNATURE



7. PRECEPTOR'S NAME (Please type or print)

Victor W. Lee, M.D.

8. DATE

10.18.1985

# CONVERSATION RECORD

TIME

DATE

3/31/89

TYPE

VISIT

CONFERENCE

TELEPHONE

INCOMING

OUTGOING

ROUTING

NAME/SYMBOL INT

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

ORGANIZATION (Office, dept., bureau, etc.)

TELEPHONE NO.

Walter Barnes RSO ST. Lukes Hosp (508) 997-1515

SUBJECT

Additional information needed for on-site request dated 3/1/89 <sup>circ #</sup> 20-00713-03

SUMMARY

Need training & experience for those doctors to be added to the license. either perceptors statements and/or certifications.

ACTION REQUIRED

Send additional info.

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

*[Handwritten Signature]*

3/1/89

ACTION TAKEN

SIGNATURE

TITLE

DATE

OFFICIAL RECORD COPY **ML18**

50271-101

U.S. G.P.O. 1983-381-526/8346

CONVERSATION RECORD

OPTIONAL FORM 271 (12-76)  
DEPARTMENT OF DEFENSE



89-03-13  
No-10

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: 19891031  
FEE COMMENTS:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

APPLICANT/LICENSEE: ST. LUKE'S HOSPITAL OF NEW BEDFORD  
RECEIVED DATE: 890309  
DOCKET NO: 3001818  
CONTROL NO.: 110399  
LICENSE NO.: 20-00713-03  
ACTION TYPE: AMENDMENT

2. FEE ATTACHED

AMOUNT: \$120.00  
CHECK NO.: 059295

3. COMMENTS

SIGNED R. F. Brown  
DATE 89-03-13

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

1. FEE CATEGORY AND AMOUNT: 7C

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

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

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

SIGNED S. Stemberk  
DATE 3/23/89