

300/000

MAY 13 1993

Melvin L. Griem, M.D.  
44 Sunset Trail, Box 453  
Ogden Dunes, IN 46368

Dear Dr. Griem:

This letter is to confirm our telephone agreement of April 29, 1993, regarding your assistance to the NRC Region III office. Your assistance will consist of medical consultation services with respect to the enclosed Preliminary Notifications (PN39322 and PN39322A). Our inspection report will be provided to you as soon as it is available.

It is our understanding that you will perform the following services:

1. For the patient, provide an opinion on the total dose to the target area and the dose from the dislodged source to the nontarget area (e.g., skin, muscle, and bone marrow) during the initial 8 hours of treatment.
2. For the patient, provide an opinion on the resultant biological effects expected and the follow-up medical care required. In particular, you should address the resultant biological effects from the dislodged source to the nontarget area.
3. For the nurse who was handed the brachytherapy sources, provide an opinion on the total dose (whole body and extremities).
4. For the nurse who was handed the brachytherapy sources, provide an opinion on the resultant biological effects expected and the follow-up medical care required.
5. Provide an opinion on the accuracy of the medical information provided to the NRC by the licensee.

We have contacted the licensee's authorized user, Haesook Kim, M.D., and medical physicist, C. V. Prasad, Ph.D., and informed them of your participation. The following staff should be of assistance to you:

Homer W. Read - Vice President, Administration  
 C. V. Prasad, Ph.D. - Medical Physicist and Radiation Safety Officer  
 Haesook Kim, M.D. - Radiation Oncologist  
 Karen Dellinger - Oncology Nurse Manager  
 Judy Campbell - Oncology Nurse who was handed the sources

These individuals may be reached by phone at (313) 762-8000. We have also enclosed reports from Doctors Prasad and Kim.

9305180321 930513  
 PDR ADOCK 03002003  
 C PDR

111  
1007

MAY 13 1993

Melvin L. Griem, M.D.

2

Please provide us with a report of your findings and conclusions within 14 calendar days of the completion of your evaluation.

Mr. Gary Shear is the Region III contact for this matter. His telephone number is (708) 790-5620. Your claims for this assignment should be documented on NRC Form 148 and submitted to Mr. Shear for verification.

Thank you for your assistance.

Sincerely,

*[Faint signature]*  
A. Bert Davis

A. Bert Davis  
Regional Administrator

Enclosures:

- 1. NRC Preliminary Notifications  
(No. PN39322 and PN39322A)
- 2. Licensee Reports

cc w/enclosures:  
NRC License File (21-01103-04)

bcc w/enclosures:  
PUBLIC

RIII  
*[Signature]*  
Weber/dg  
05/11/93

RIII  
GLS *[initials]*  
Shear  
5/11/93

RIII  
*[Signature]*  
Cantano  
5/11/93

RIII  
*[Signature]*  
Nohajus  
5/12

RIII  
Miller  
*[Signature]*  
5/12/93

RIII  
*[Signature]*  
Davis  
5/13

*[Handwritten mark]*