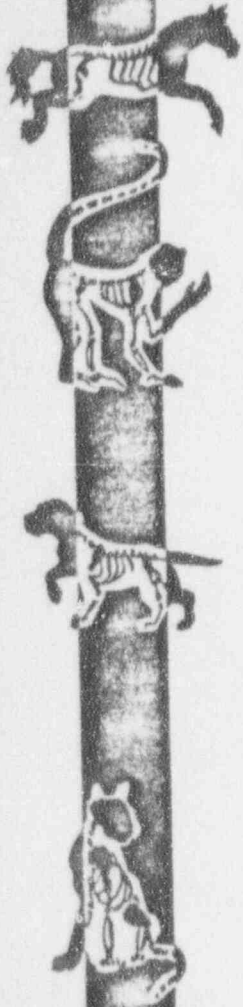


**NATIONAL  
VETERINARY  
IMAGING, INC.**

David Feiglin, ABNM, FACP. President.  
Lynn Tezak, RT, RT(NMT). Vice President.  
10817 Sperry Rd, Chesterland, OH 44026 (216) 256-8993 Fax (216) 256-8994



U.S. Nuclear Regulatory Commission  
Nuclear Materials Licensing Section  
Att: Robert G. Gattone, Jr.  
Region III  
799 Roosevelt Road  
Glen Ellyn Illinois, 60137

Dear Mr. Gattone:

re: NRC License 34-26454-01: Control Number 94199

Enclosed please find copies of Dr. Terrance Hamilton's preceptor statement, Supplement B. The statement was returned to Dr. William Blevins to obtain his signature as requested in item #6 of the preceptor statement.

Yours truly,

Lynn Tezak  
Vice President

Enclosures:  
Supplement B - Dr. Terrance Hamilton

2/24/93  
Feb 15 11  
WJ  
2/25/93

Control Info 3/9/99

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REGION III

CONTROL NO. 394700

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SUPPLEMENT B

SUPPLEMENT U. S. NUCLEAR REGULATORY COMMISSION

**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. PROPOSED PHYSICIAN USER'S NAME AND ADDRESS</b></p> <p>FULL NAME <i>Terrance A Hamilton, DVM, Dipl ACVIM (Cardiology)</i></p> <p>STREET ADDRESS <i>5075 Richmond Road</i></p> <p>CITY STATE ZIP CODE <i>Cleveland Ohio 44146</i></p>	<p style="text-align: center;"><b>KEY TO COLUMN C</b></p> <p style="text-align: center;">PERSONAL PARTICIPATION SHOULD CONSIST OF:</p> <p>1. Supervised examination of patients to determine the suitability for radioligand diagnosis and/or treatment and recommendation for prescribed dosage.</p> <p>2. Collaboration in dose calibration and actual administration of doses 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**

ISOTOPES A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS <i>Additional information on comments may be submitted in duplicate on separate sheets.</i> D
	Thyroid scan	6	
	Thyroid uptake	0	
	Lung perfusion scan	0	
	Xenon ventilation study	0	
	Aerosol ventilation scan	0	
	Renal flow scan	0	
	Brain scan	0	
	Liver/spleen scan	3	
	Bone scan	40	
	Gastroesophageal study	0	
	LeVeen shunt study	0	
	Cystogram	0	
	Dacryocystogram	0	
	Cardiac perfusion scan.	0	
	Cardiac stress ventriculogram	0	
Cardiac rest ventriculogram	0		
Gallium scan			

SUPPLEMENT B - Page 2

PROPOSED PHYSICIAN USER  
*Terrance A Hamilton, DVM, Dipl. ACVIM (oncology)*  
 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	0	
P-32 (Carbon)	INTRACAVITARY TREATMENT	0	
I-131	TREATMENT OF THYROID CARCINOMA	1	
	TREATMENT OF HYPERTHYROIDISM	5	
Au-198	INTRACAVITARY TREATMENT	0	
Co-60 or Cs-137	INTERSTITIAL TREATMENT	0	
	INTRACAVITARY TREATMENT	0	
I-125 or Ir-192	INTERSTITIAL TREATMENT	0	
	TELETHELAPY TREATMENT	0	
Sr-90	TREATMENT OF EYE DISEASE	0	
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	0	
Sr-90/ In-113m	GENERATOR	0	
Tc-99m	REAGENT KITS	0	
Other			

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

LOCATION	DATES	CLOCK HOURS OF EXPERIENCE
Purdue University	7/88-6/91	46 hours

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

A. NAME OF SUPERVISOR <i>William E. Blevins, W.E. Blevins</i>	X <i>Terrance A Hamilton, DVM</i>	K PRECEPTOR'S SIGNATURE <i>W.E. Blevins</i>
B. NAME OF INSTITUTION <i>Purdue University</i>		
C. MAILING ADDRESS <i>School of Veterinary Medicine</i>	X <i>DR. William E. Blevins</i>	I. PRECEPTOR'S NAME (Print name of only one) <i>Terrance A. Hamilton, DVM</i>
D. CITY <i>W. LaSayette, IN 47907</i>		
E. MAILING LICENSE NUMBER (If any) <i>13-02812-04</i>	X <i>11/23/97</i>	J. DATE <i>1/13/97</i>

SUPPLEMENT B

SUPPLEMENT	U. S. NUCLEAR REGULATORY COMMISSION
<b>PRECEPTOR STATEMENT</b>	

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. PROPOSED PHYSICIAN USER'S NAME AND ADDRESS</b></p> <p>FULL NAME <i>Terrance A Hamilton, DVM, Dipl ACVIM (Oncology)</i></p> <p>STREET ADDRESS <i>5075 Richmond Road</i></p> <p>CITY STATE ZIP CODE <i>Cleveland Ohio 44146</i></p>	<p><b>KEY TO COLUMN C</b></p> <p>PERSONAL PARTICIPATION SHOULD CONSIST OF:</p> <ol style="list-style-type: none"> <li>1. Supervised examination of patients to determine the suitability for radioactive diagnosis and/or treatment and recommendation for prescribed dosage.</li> <li>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.</li> <li>3. Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.</li> </ol>
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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
	Thyroid scan	6	
	Thyroid uptake	0	
	Lung perfusion scan	0	
	Xenon ventilation study	0	
	Aerosol ventilation scan	0	
	Renal flow scan	0	
	Brain scan	0	
	Liver/spleen scan	3	
	Bone scan	40	
	Gastroesophageal study	0	
	LeYeen shunt study	0	
	Cystogram	0	
	Dacryocystogram	0	
	Cardiac perfusion scan.	0	
	Cardiac stress ventriculogram	0	
	Cardiac rest ventriculogram	0	
	Gallium scan		

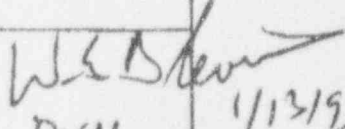
SUPPLEMENT B - Page 2

PROPOSED PHYSICIAN USER			
Terrance A Hamilton, DVM, Dipl. ACVIM (oncology)			
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 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	0	
P-32 (Colloid)	INTRACAVITARY TREATMENT	0	
I-131	TREATMENT OF THYROID CARCINOMA	1	
	TREATMENT OF HYPERTHYROIDISM	5	
Au-198	INTRACAVITARY TREATMENT	0	
Co-60 or Co-137	INTERSTITIAL TREATMENT	0	
	INTRACAVITARY TREATMENT	0	
I-125 or Ir-192 or Co-60 or Co-137	INTERSTITIAL TREATMENT	0	
	TELETHERAPY TREATMENT	0	
Si-80	TREATMENT OF EYE DISEASE	0	
	RADIOPHARMACEUTICAL PREPARATION		
Mn-59/ Tc-99m	GENERATOR	0	
Sr-90/ In-113m	GENERATOR	0	
Tc-99m	REAGENT KITS	0	
Other			

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LOCATION	DATES	CLOCK HOURS OF EXPERIENCE
Purdue University	7/89-6/91	46 hours

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:		5. PRECEPTOR'S SIGNATURE	
1. NAME OF SUPERVISOR	W. E. Blevins	 Terrance A. Hamilton, DVM 1/13/97	
X William E. Blevins	W. E. Blevins		
2. NAME OF INSTITUTION	Purdue University	3. PRECEPTOR'S NAME PH M DVM OR DRPH	Dr. William E. Blevins Terrance A. Hamilton, DVM 1/13/97
X Purdue University	School of Veterinary Medicine	4. DATE	
5. MAILING ADDRESS	W. Lafayette, IN 47907	X 1/23/97	
6. MATERIALS LICENSE NUMBER(S)	X 13-02812-04		