

VOID SHEET

TO: License Fee Management Branch

FROM: Cassandra Friar

SUBJECT: VOIDED APPLICATION

Control Number: 91285

Applicant: William Beaumont Hospital

Date Voided: 4/12/91

Reason for Void: Per Licensee's

request action is as voided and
Return to licensee (original)

[Signature] 4-15-91
Signature Date

Attachment:
Official Record Copy of
Voided Action

FOR LFMB USE ONLY

Final Review of VOID Completed:

- ☐ Refund Authorized and processed
☐ No Refund Due
☒ Fee Exempt or Fee Not Required

*application
was not forwarded
to LFMB*

Comments: _____

Log completed ☒
Processed by: _____

9105200222 910415
REG3 LIC30
MATLSLICENSING PDR

ML30
11

91 APR 23 13:41

RECEIVED
DIVISION OF
LICENSING

Voided Prior to Sending to
GLES See 4/3/97 telegram

CONVERSATION RECORD

TIME

DATE

4/3/91

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.

ANN FORSMITH (RSD) William Bennett

SUBJECT

DO NOT FILE

Ca. No. 91285 # 21-01333-01

SUMMARY

Gary Shear, CASSANDRA FRAUER

Discussed ltr. dtd. 3-29-91 requesting a one time diagnostic dose of ~ 1000 f-31 for a patient in her home. Indicated that we would do an emergency amendment + we need a few addl. informational items along with a \$90.00 fee (called 4-3-91 Cheryl fee H.O. and discussed emergency amend - she verified \$90.00 agree + said go ahead + issue)

Ms. forsmith indicated that they would like to not amend ltr (99.9% sure patient injected at hospital) If amendment needed of submit fee + resubmit request

ACTION REQUIRED

Will send ltr. Back to licensee. (licensee ok'd)

ACTION 041000 4-12-91

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

S. Frozier

4/3/91

ACTION TAKEN

SIGNATURE

TITLE

DATE

Beaumont

William Beaumont Hospital
Royal Oak

Medical Physics and
Radiation Safety Office

March 29, 1991

Mr. Gary Shear
Nuclear Materials Safety - Section II
Nuclear Regulatory Commission - Region III
799 Roosevelt Road
Glen Ellyn, Ill. 60137

RE: Request to administer a diagnostic dose of I-131 in a patient home. License # 21-01333-01

Dear Mr. Shear:

Per our telephone conversation this morning, this letter is a request for a one time only situation to administer a standard diagnostic dose of approximately 10 uCi (range 7 to 15 uCi) in capsule form if possible (the patient's condition may preclude use of a capsule due to an NG tube) in the patient's private home. The reason for the request is that the patient must be transferred to the Hospital by ambulance, therefore the dose being administered at the patient's home would save one ambulance transfer.

At this time it is not definite that this request is necessary. The authorized user physician is considering admitting the patient prior to the performance of an uptake study so that consulting services (Cardiology, Neurology, etc.) have an opportunity to do a full work-up prior to the administration of an I-131 therapy dose. The admitting diagnosis is Plummer's disease. However, since the therapy dose may not be given for 6 weeks due to other medical problems the patient has, this request is submitted to cover the possibility of administering a standard uptake dose of I-131 in a private home.

In the event the diagnostic dose is given in the home the following procedures will be followed:

1) The authorized user physician will be present during the administration of the diagnostic dose, as will the Nuclear Medicine physicist or Radiation Safety Officer and if necessary a Nuclear Medicine technologist.

2) If a liquid dose must be used because of medical problems, then the area where the dose is administered will be wipe tested to ensure none has spilled. If there is a spill, then the cleanup will follow our standard procedures for cleaning up any spilled radionuclides.

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APR 01 1991

REGION III

11285

Voided prior to sending to file

3) The principal caretaker (patient's daughter) will be instructed in the care of the patient to minimize contamination of herself and the home area.

4) The diagnostic dose will be transported to the home in the personal car of the authorized user physician or the physicist or the RSO.

5) If it is a liquid involved, wipe testing will be done to ensure no spillage has occurred.

6) No wipe testing of the ambulance will be done.


7) No procedures for the administration of the diagnostic dose in the home is given at this time due to the unknown condition of the patient. All good radiological practices for safe handling of radioactive material will be followed. The Nuclear Medicine physicist and/or the Radiation Safety Officer will be present to make any necessary decisions to ensure safety of the patient, caretaker, and staff from the Hospital.

8) The dose will be measured in the dose calibrator as are all doses before it is taken to the home.

It is very dubious that the home visit will be necessary. However, if more information is needed to approve this request it will be quickly submitted. From our telephone conversation I assume we do not need to have written approval from you to proceed with the home visit. If the administration does take place in the home, a follow-up letter will be submitted to complete the file.

Thank you for your consideration of this matter and your very quick response to my telephone inquiry.

With best regards,


Ann L. Forsaith, Radiation Safety Officer